PREVENTION AND EARLY INTERVENTION (PEI)

RESOURCE MATERIALS

Contents:

Prevention and Early Intervention (PEI)
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Introduction to the PEI Resource Materials

The PEI Resource Materials list strategies (programs, interventions and approaches) that are likely to meet PEI outcomes desired for addressing PEI Key Community Needs and for PEI Priority Populations. Specifically, the PEI Resource Materials organized in these sections:

PEI Priority Populations**:**

1. Trauma-Exposed Individuals
2. Individuals Experiencing Onset of Serious Psychiatric Illness
3. Children and Youth in Stressed Families
4. Children and Youth at Risk for School Failure
5. Children and Youth at Risk of Juvenile Justice Involvement

Key PEI Community Needs:

7. Suicide Prevention
8. Reduction of Stigma and Discrimination

The PEI Resource Materials are provided to assist county mental health offices and PEI partners in designing PEI programs and selecting strategies to meet desired PEI outcomes for individuals and families, programs and systems, and communities. It is anticipated that these materials will evolve over time, as additional effective strategies are identified that demonstrate positive outcomes for various populations, including those who have been underserved or inappropriately served as a result of their ethnicity, gender, sexual orientation, age, and other factors.

Selection of Strategies for the PEI Resource Materials

The strategies listed in the PEI Resource Materials meet one of the following definitions:

1. Evidence-based: An evidence-based practice is a strategy that has been or is being evaluated and meets the following two conditions:

   - Has some quantitative and qualitative data showing positive outcomes, but does not yet have enough research or replication to support generalized positive public health outcomes.

   - Has been subject to expert/peer review that has determined that a particular approach or strategy has a significant level of evidence of effectiveness in public health research literature. [President's New Freedom Commission]

2. Promising practice: Programs and strategies that have some quantitative data showing positive outcomes over a period of time, but do not have enough research or replication to support generalized outcomes. It has an evaluation component/plan in place to move towards demonstration of effectiveness; however, it does not yet have evaluation data available to demonstrate positive outcomes. [The Association of Maternal and Child Health Programs]

   Over time, there will be an opportunity to handle more strategies with local results that may not be formally documented at this time, but may currently meet the definition for "community-defined evidence."

   Community-defined evidence: Ensures that the needs of underserved communities are addressed when determining effectiveness. There are efforts at the national level to begin documenting an evidence base that is community-defined and to develop criteria that describes "community-defined evidence." [National Network to Eliminate Disparities Latino Work Group]

Most of the strategies appear on reputable lists of evidence-based practices and/or were identified by OAC or its PEI Committee, DMH, CMHDA, other State agencies, local agencies and organizations, and stakeholders through the PEI Stakeholder Workshops or through written correspondence. The strategies are based on the PEI key community mental health needs originally established by the OAC and are intended to engage persons prior to the development of serious mental illness or serious emotional disturbances, or, in the case of early intervention, to alleviate the need for additional mental health treatment and/or to transition to extended mental health treatment. These strategies have the potential to achieve the PEI outcomes noted on the "Draft PEI Logic Model" (RM-4) in these materials. Many are non-proprietary; however, counties may wish to confirm this by using the strategies' website links provided in the resource materials.

Identification of Outcomes for Selected Strategies

To support the counties in conducting a local evaluation of one PEI Workplan and its strategy(ies), research-based outcomes are listed for selected strategies. These can be found in the table titled: "Strategy Outcomes Across Priority Populations" (RM-2). The strategies listed in this table were specifically selected to provide a varied range of proven programs for each Priority Population. Several of the strategies and outcomes apply to more than one Priority Population. These strategies generally have robust outcomes documented in research studies.

Please direct questions or comments about the PEI Resource Materials to:

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STRATEGY OUTCOMES ACROSS PRIORITY POPULATIONS

STRATEGIES	PRIORITY POPULATIONS: TRAUMA	FIRST ONSET	CHILD/YOUTH STRESSED FAMILIES	CHILD/YOUTH SCHOOL FAILURE	CHILD/YOUTH JUV. JUSTICE	SUICIDE	STIGMA/ DISCRIMINATION	SPECIFIC OUTCOMES
1. "A Home-Based Intervention for Immigrant and Refugee Trauma Survivors"	X							Reduces the isolation of the mothers, teaches them optimal parenting of their young children, provides links to resources, and promotes connection to the community.
2. "Across Ages"*		X	X		X			DECREASES IN SUBSTANCE USE -Decreased alcohol and tobacco use IMPROVEMENTS IN POSITIVE ATTITUDES/BEHAVIORS -Increased knowledge about and negative attitude toward drug use -Increased school attendance, decreased suspensions from school, and improved grades -Improved attitudes toward school and the future - Improved attitudes toward adults in general and older adults in particular

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STRATEGY OUTCOMES ACROSS PRIORITY POPULATIONS

STRATEGIES	PRIORITY POPULATIONS: TRAUMA	FIRST ONSET	CHILD/YOUTH STRESSED FAMILIES	CHILD/YOUTH SCHOOL FAILURE	CHILD/YOUTH JUV. JUSTICE	SUICIDE	STIGMA/ DISCRIMINATION	SPECIFIC OUTCOMES
3. "All Stars"*					X			DECREASES IN SUBSTANCE USE Decrease in substance use REDUCTIONS IN BEHAVIORS RELATED TO RISK FACTORS -Perceived pressure to participate in substance use -Parental tolerance of deviance -Offers and pressure from peers to use substances -Identification and exclusion of negative role models IMPROVEMENTS IN BEHAVIORS RELATED TO PROTECTIVE FACTORS -Idealism and an orientation toward the future -Commitment to avoid high-risk behaviors -Communication with parents -Parental monitoring and supervision -Discipline at times when it was appropriate -Motivation to provide a good example -Bonding to school -Student-teacher communication -Parental support for school prevention activities -Commitment to be a productive citizen -Participation in community-focused service projects -Visibility of positive peer opinion leaders -Establishment of conventional norms about behavior
4. "Brief Strategic Family Therapy"*					X			DECREASES IN SUBSTANCE USE -75% reduction in marijuana use -Reductions in substance use REDUCTIONS IN NEGATIVE ATTITUDES/BEHAVIORS -42% improvement in conduct problems -58% reduction in association with antisocial peers IMPROVEMENTS IN POSITIVE ATTITUDES/BEHAVIORS -Improvements in self-concept -Improvements in family functioning

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STRATEGY OUTCOMES ACROSS PRIORITY POPULATIONS

STRATEGIES	PRIORITY POPULATIONS: TRAUMA	FIRST ONSET	CHILD/YOUTH STRESSED FAMILIES	CHILD/YOUTH SCHOOL FAILURE	CHILD/YOUTH JUV. JUSTICE	SUICIDE	STIGMA/ DISCRIMINATION	SPECIFIC OUTCOMES
5. "Cognitive Behavioral Intervention for Trauma in School—CBITS"	X			X				Improvements in behaviors related to protective factors; reductions in behaviors related to risk factors. Students randomly assigned to the intervention had significantly lower post-traumatic stress and depressive symptoms as reported by students and lower psychosocial dysfunction as reported by parents.
6. "Cognitive Behavioral Therapy for Child Sexual Abuse (CBT-CSA)"	X							63% reduction in PTSD symptoms; 41% reduction in levels of depression; 23% reduction in acting out behaviors. Also, 26% reduction in (non-abusing) parents' emotional distress related to abuse; 45% reduction in parents' intrusive thoughts about the abuse; 45% improvement in body safety skills in young children.
7. "Counselor/CAST"				X		X		The evaluation found statistically significant declines in suicidal ideation and in favorable attitudes towards suicide for C-Care and CAST students compared to treatment-as-usual students. Greater reductions in anxiety and anger by C-Care and CAST students were also observed. Students participating in just the CAST program demonstrated enhanced and sustained personal control, problem-solving, and coping skills when compared with students from the other groups.
8. "Early Psychosis Prevention & Intervention Centre (EPPIC)"; and "Personal Assessment and Crisis Evaluation (PACE)" (both part of ORYGEN youth mental health service.)		X						Educates young persons and their families about the illness. Reduces disruption in a young person's life caused by the illness. Supports the young person through recovery. Reduces the young person's chances of having another psychotic experience in the future.

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9. Effective Black Parenting			X					Significant reductions in different varieties of parental rejection *(risk factor reduction)*; trends and significant results in favor of the program in terms of increases in use of positive parenting practices *(protective factor enhancement)* and decreases in use of negative practices *(risk factor reduction)*; trends and significant improvements in the quality of family relationships that favored the program *(protective factor enhancement)*; and significant reductions in delinquent, withdrawn and hyperactive behavior among children that favored the program *(risk factor reduction)* and trends and significant differences in social competencies that also favored the program *(protective factor enhancement)*.
10. "The Incredible Years"				X	X			IMPROVEMENTS IN BEHAVIORS RELATED TO PROTECTIVE FACTORS The addition of the teacher and/or child training programs significantly enhanced the effects of parent training, resulting in significant improvements in peer interactions and behavior in school. REDUCTIONS IN BEHAVIORS RELATED TO RISK FACTORS Reduced conduct problems at home and school.

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STRATEGY OUTCOMES ACROSS PRIORITY POPULATIONS

STRATEGIES	PRIORITY POPULATIONS							SPECIFIC OUTCOMES
	TRAUMA	FIRST ONSET	CHILD/YOUTH STRESSED FAMILIES	CHILD/YOUTH SCHOOL FAILURE	CHILD/YOUTH JUV. JUSTICE	SUICIDE	STIGMA/ DISCRIMINATION	
11. "Leadership and Resiliency Program"*	X		X	X	X			Up to 65% to 70% reduction in school behavioral incidents. Program participants realized: • 75% reduction in school suspensions • 47% reduction in juvenile arrests Increase of 0.8 in grade point average (GPA), based on a 4.0 scale. Up to 60% to 70% increase in school attendance. 100% high school graduation rates. Increased sense of school bonding. Extremely high percentage of participants either become employed or pursue post-secondary education.
12. Los Niños Bien Educados			X					The relationship changes with kindergarten children described by parents had to do with their children becoming more cooperative and obedient at home. The parents attributed these overall changes to the child-management skills learned in the program, to the increased amount of attention they were paying to their children, and to their increased ability or motivation to control their emotions or temper.
13. "Nurse-Family Partnership Program"*			X	X				Improvements in women's prenatal health - Reductions in prenatal cigarette smoking and reductions in prenatal hypertensive disorders, Reductions in children's healthcare encounters for injuries, Fewer unintended subsequent pregnancies, and increases in intervals between first and second births, Increases in father involvement and women's employment**,** Reductions in families' use of welfare and food stamps, and Increases in children's school readiness - Improvements in language, cognition and behavioral regulation.

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14. "Parent/Child Interactive Therapy (PCIT)"			X		X			Treatment effects at mid-treatment show gains in all areas. Most caregivers reaching mid-treatment showed an increase in the number of positive verbal communication skills (i.e. praises and descriptions/reflections) and a decrease in the negative verbal communication skills (questions, commands, critical statements). Comparisons of children's behavior problems, parental stress, and parents' positive verbalizations at pre- and post- treatment also show gains in all areas. The percent of children with behavior problems in the clinical range (as measured by the Eyberg Child Behavior Inventory) decreased significantly from pre, to mid- and post-treatment.
15. "Portland Identification and Early Referral (PIER)"		X						The combination of pharmacologic treatments and family psycho-educational groups has a powerful effect on mediating the symptoms that place a young person at risk for the onset of psychosis. Early experience is showing that this approach clearly and dramatically reduces morbidity.
16. "Primary Intervention Program (PIP)"				X				77% of the 10,357 participants showed some level of improvement on the Walker-McConnell Scale; the pre-and post-participation assessment tool used. Participants demonstrated positive social behaviors that were highly valued by teachers during non-instructional interactions on a more frequent basis. Improvements in social competence and school adjustment-related behaviors among participants were also noted.

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17. "Prolonged Exposure Therapy for PTSD"*	X							70% to 90% of clients no longer have PTSD diagnosis after a 9- to 12-session course of PE therapy. Improved daily functioning, substantial reduction in depression, general anxiety, and anger. Outcomes maintained for at least one year after treatment ends.
18. "PROSPECT: Prevention of Suicide in Primary Care Elderly Collaborative Trial"	X					X		Rates of suicidal ideation overall declined faster in the intervention group, compared with patients receiving usual care (declined by nearly 13 percent, compared with only a 3 percent decline in the usual care group.)
19. "Specialized ER Intervention for Suicidal Adolescent Females"						X		One-hundred-forty adolescent female suicide attempters were consecutively assigned to treatment as usual (the control group) and specialized emergency room care (the experimental group): Suicide attempters and their mothers, who received the specialized treatment, had significantly lower levels of depression following their emergency department visits than suicide attempters and their mothers who did not receive the intervention.
20. "Teen Screen"		X				X		Out of approximately 2,000 high school students, the TeenScreen assessment identified 74% of students who were contemplating suicide and 50% of students who had made a prior suicide attempt who were not previously known to be having problems by school personnel. In addition, 69% of students found to be potentially suffering from depression were also unknown.

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21. "Teenage Health Teaching Modules"		X					X	THTM produced positive effects on the health-related knowledge and attitudes of middle school/junior high and senior high students. Senior high school students reported positive changes in several health behaviors. No significant effects on the self-reported behaviors of middle school/junior high students were observed.
22. "Trauma-Focused Cognitive Behavioral Therapy (TFCBT)"*	X							Significantly fewer behavior problems and PTSD symptoms, including depression, self-blame, defiant and oppositional behaviors, anxiety. Significantly greater improvement in social competence (maintained for one year), and adaptive skills for dealing with stress; decreased anxiety for thinking or talking about the event; enhanced accurate/helpful cognitions and personal safety skills and parental support.

* Outcome data from SAMHSA

Resource Materials for Trauma-Exposed Individuals

Description of Priority Population

This PEI priority population is for those individuals who are experiencing the effects of psychological trauma.

Traumatic events are as varied and diverse as the individuals affected. The degree to which one experiences trauma is highly individual, and can have an emotional impact on persons across the lifespan. It is not a specific event that defines trauma, but the person's *experience* of that event, and it is not always easy to predict how individuals will react to a potentially-traumatic situation. However, we do know that many are seriously affected, to the extent that the Centers for Disease Control and Prevention describe the effects of traumatic stress as a major public health problem with serious consequences—including depression, anxiety disorders, and PTSD (Post Traumatic Stress Disorder).

This PEI priority population is intended to address those types of traumas that can be labeled as "chronic" or "cumulative", meaning that the traumatizing incident occurs repeatedly or in a pattern of events. Examples include: child or domestic abuse, neglect, enduring deprivation, isolation, poverty, homelessness, violence (personal or witnessed), racism and discrimination, and intergenerational or historical trauma (traumatic memories passed from one generation to the next; e.g., hardships experienced by Native American populations, Japanese internment or Holocaust victims, refugees escaping war, slavery descendents, etc.). Individuals with chronic or cumulative trauma are more likely to have severe PTSD symptoms, such as psychic numbing and dissociation. Such traumas are often kept secret, and support from family and friends may be scarce.

Counties selecting this PEI priority population may want to focus on communities experiencing a large concentration of the following:

- Community, family, or sexual violence
- Refugee populations
- Poverty and homelessness
- Extreme isolation and loss

The National Child Traumatic Stress Network included this example of serious chronic trauma in their *2004 Culture and Trauma Brief: "*Children and adolescents from racially and ethnically diverse communities are at increased risk for trauma exposure and developing PTSD. For example, African American, Native American, and Latino children are overrepresented in reported cases of exposure to violence, child maltreatment, and in foster care. Racially and ethnically diverse children fare worse in the aftermath of trauma, often experiencing more severe symptomatology for longer periods of time, than their majority group counterparts."

While some populations are more vulnerable to the effects of trauma, potential exists to address prevention and early intervention needs of all PEI priority populations. A key role of PEI in reducing the psychosocial impact of trauma is to reach out to at-risk individuals in each community and assist them not only in recovery, but in building resiliency and strength to withstand future traumas. Many of the recommended programs accomplish this by working with individuals and families, and by partnering with schools; primary care providers; law enforcement agencies; refugee, cultural, and faith-based centers; community-based organizations; and local and state government agencies. Such collaboration among individuals and organizations, with a combination of effective programs, results in a comprehensive and concentrated approach to addressing the psychosocial impact of trauma. For example, primary care providers (PCPs) play a significant role in screening, assessing and treating trauma-exposed individuals, and have a key role in serving all ages of underserved racial, ethnic, and cultural populations. The PCP setting is an ideal location for identifying anxiety, depression, suicidal ideation, or other PTSD symptoms, particularly among populations who may be reluctant to approach traditional mental health providers due to fear of stigma and discrimination, or, as is often the case with trauma, guilt or shame.

PEI Stakeholders identified the following characteristics of preferred settings to address trauma-exposed individuals:

1. **Neighborhood/community organization.** Staff interacts with individuals on a regular basis through both a formal relationship and informal contact.

2. **In-Culture services.** Staff and volunteers who are culturally competent address the diverse needs of participating families, and equal opportunities for participation of service providers, both staff and volunteers, who share the cultural background and language of the participating families. For many cultural and immigrant groups, Western concepts around mental illness, psychotherapy, or psychiatry are foreign and difficult to relate to. Many of these groups, including Native American, Latino immigrants or Southeast Asian, and Slavic refugees seek primary care at community clinics and health centers (CCHCs), which provide culturally competent care to these generally low-income populations regardless of their ability to pay.

3. **Multipurpose function.** The organization's mission is not primarily mental health. The organization serves multiple interests and needs of neighborhood/community residents.

4. **Long-term association.** The organization has a long standing and continuous presence in the neighborhood/community and is trusted and well-respected among residents.

5. **Family-driven/family-oriented**. Families participate in designing, implementing, and evaluating programs and activities. The organization provides programs and supports that engage children, youth and adults and builds family relationships. It is not a drop-in center.

6. **Familiarity.** Individuals participating in the organization have an identity and relationship with the staff and volunteers.

7. **Formal collaborative partnerships.** The organization has formal partnerships with community agencies and organizations to provide other services and supports as needed (such as basic needs, substance abuse treatment, employment assistance) for participants.

8. **Promote connectedness.** The organization reduces feelings of isolation and disconnection by promoting connectedness and inclusion, particularly among older adults and refugee populations.

9. **Record for success.** The organization can document improved conditions and goal achievement for participants, resulting from its programs.

10. **Fiscal responsibility.** The organization evidences capacity for fiscal accountability for public funds.

Potential Funding and Resource Partners

Potential funding and resource partners for this priority population include the following:

- Schools, colleges, and universities
- Primary care
- CA Dept. of Education (Refugee Assistance Grants)
- Refugee centers & Mutual Assistance Associations (MAAs)
- Cultural and ethnic organizations
- Native American centers
- Faith-based organizations
- Client and family organizations
- Child welfare/county social services
- Older adult agencies and organizations
- Local law enforcement and emergency medical services
- State and local violence prevention programs
- Sexual assault crisis centers
- Grief support programs
- Private foundations
- Media
- Rape crisis centers

Resource Materials for Trauma-Exposed Individuals

EXAMPLES OF STRATEGIES:

1. Prevention of Mental Health Problems			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
The Safe Schools/Healthy Students (SS/HS) Initiative--A Comprehensive Approach to Youth Violence Prevention	The SS/HS Initiative is a Federal grant-making program designed to prevent violence and substance abuse among youth, schools, and communities.	School based/ community based	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.sshs.samhsa.gov/initiative/about.aspx			
Leadership and Resiliency Program (LRP)	A program for high school students, 14 to 19 years of age, that enhances youths' internal strengths and resiliency while preventing involvement in violence and substance abuse.	High schools	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.modelprograms.samhsa.gov/pdfs/model/leadership.pdf			

Resource Materials for Trauma-Exposed Individuals

1. Prevention of Mental Health Problems			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
"MyStrength.org"	A sexual assault prevention and education program directed at young men developed by the California Coalition against Sexual Assault. Based on 16-week curriculum that explores alternatives to traditional masculinity in which individuals participate in community action projects to end sexual violence.	In-home or school (self-managed, web-based program)	☒ C/Y ☒ TAY ☒ Adults ☐ Older Adults
Website: http://www.mystrength.org			
Cognitive-Behavioral Intervention for Trauma in School (CBITS)	A skills-based, group intervention aimed at relieving symptoms of PTSD, depression, and anxiety among children exposed to trauma, and teaching them resiliency and coping skills.	Schools—small groups of students meet for one hour per week for 10 sessions.	☒ C/Y ☐ TAY ☐ Adults ☐ Older Adults
Website: http://www.hsrcenter.ucla.edu/research/cbits.shtml			
Trauma-focused Cognitive Behavioral Therapy (TFCBT)	Helps children, youth, and their parents overcome the negative effects of traumatic life events.	MH centers, schools, CBOs and in-home settings.	☒ C/Y ☒ TAY ☒ Adults ☐ Older Adults
Website: http://www.modelprograms.samhsa.gov/pdfs/model/TFCBT.pdf			

Resource Materials for Trauma-Exposed Individuals

1. Prevention of Mental Health Problems			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Holistic Model for Native Americans in an Urban Environment	A Native American holistic model that integrates treatment and prevention for mental health and substance abuse for children and families suffering from historical and other emotional traumas.	Native American community and health centers and schools	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: http://cat.inist.fr/?aModele=afficheN&cpsidt=14755281			
Prolonged Exposure ("PE") Therapy for Post-Traumatic Stress Disorders (PTSD)	Treats women experiencing PTSD following assault (sexual or not) with the goal of reducing trauma-induced disorders and building resiliency toward future events.	Primary care, sexual assault crisis centers, law enforcement & EMS, community centers	☐ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: http://modelprograms.samhsa.gov/pdfs/model/PE-PTSD.pdf			
Primary Care Screening • PTSD Checklist • Short Scale	Screening and assessment for trauma and violence exposure and for PTSD: • Screen/identify • Early intervention • Behavioral health assessment and referral, if indicated	CCHC, FQHC, NA Health Center, Rural Health Centers.	☒ C/Y ☒ TAY ☒ Adults ☐ Older Adults
PTSD Checklist: dev.www.uregina.ca/traumatic/images/stories/SelfAssessmentQuestionairre/ptsdchecklistcivilianversionga-1.pdf Short Screening Scale for PTSD: http://www.ncptsd.va.gov/ncmain/ncdocs/assmnts/short_screening_scale_for_ptsd.html			

Resource Materials for Trauma-Exposed Individuals

2. Early Intervention for Mental Health Problems and Concerns			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Screening for PTSD in Children After Accidental Injury or Trauma	Use screening tools such as: The Child Trauma Screening Questionnaire, the Children's Impact of Events Scale, Anxiety Disorder Interview Schedule for DSM-IV (Child Version), or the Clinician-Administered PTSD Scale for Children and Adolescents to screen, assess, intervene and/or refer children and adolescents at risk of developing PTSD after an accidental injury or trauma.	Community health centers, Federally-Qualified Health Centers, Native American health centers, rural health centers	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://ebmh.bmj.com/cgi/content/extract/10/2/44?rss=1			
Allostatic Change Models ("stability through change")	Facilitates resiliency through healthy lifestyle changes, (exercise, diet), stress- reduction, psychological wellness, loving relationships, social support, and a sense of control over one's life, with the goal of buffering the potentially harmful impact of PTSD.	Clinics, Community-based	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: http://www.gcph.co.uk/assets/documents/McEwenSummary_Web.pdf			

Resource Materials for Trauma-Exposed Individuals

2. Early Intervention for Mental Health Problems and Concerns			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Exposure-based treatments	Builds resiliency to future traumatic experiences through careful, repeated, detailed imagining of the trauma (exposure) in a safe, controlled context to help the survivor face and gain control of the fear and distress that overwhelmed them during the trauma.	Community-based, veterans' centers, sexual assault crisis centers, primary care	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: http://www.ncptsd.va.gov/ncmain/ncdocs/fact_shts/fs_treatmentforptsd.html			
A Home-Based Intervention for Immigrant and Refugee Trauma Survivors: Para-professionals Working With High-Risk Mothers and Infants	This program responds to the needs of refugee and immigrant new mothers, by employing para-professional home visitors who are also immigrants or refugees themselves from countries in Central America, South America, and Africa (e.g., Brazil, El Salvador, Sudan, Somalia, and Morocco).	Homes, childcare centers, refugee centers	☒ C/Y ☒ TAY ☒ Adults ☐ Older Adults
Website: http://www.zerotothree.org/site/DocServer/vol27-b.pdf?docID=2901&AddInterest=1161			

Resource Materials for Trauma-Exposed Individuals

3. **Linkage and Support in Navigating Service Systems and Other Providers as Needed**			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
PROSPECT: Prevention of Suicide in Primary Care Elderly Collaborative Trial	A specially trained master's-level clinician works in close collaboration with a depressed patient's primary care provider to implement a comprehensive disease management program.	CCHC, FQHC, Native American health centers, rural health centers	☐ C/Y ☐ TAY ☐ Adults ☒ Older Adults
Website: http://www.sprc.org/featured_resources/ebpp/pdf/prospect.pdf			

Resource Materials for Trauma-Exposed Individuals

4. System Structure and Enhancements to Improve, Coordinate and Sustain Mental Health Programs and Interventions			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
The Harvard Program in Refugee Trauma (HPRT)	A multi-disciplinary program addressing the health and mental health care of traumatized refugees and civilians in areas of conflict/post-conflict and natural disasters, used in the US and worldwide**.** Includes a curriculum for mental health training of primary care providers in settings of human conflict and post-conflict.	Primary care and rural health centers, refugee centers, Native American health centers	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: http://www.hprt-cambridge.org/			

Resource Materials for Trauma-Exposed Individuals

5. General Resources			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Refugee Service Agencies Resources Directory (August 2004)	Developed to inform communities of the services/resources available to refugees by CA counties, including family strengthening and mental health services.	Community Based Organizations (CBOs), healthcare, school-based, in-home, faith-based, refugee centers	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: www.dss.cahwnet.gov/refugeeprogram/Res/pdf/ResourceDirectory/2004/ResourcesDirectory_082004.pdf			
Historical Trauma and Unresolved Grief Intervention--A Review of the Literature	Descriptions of evidence based, promising, and culturally appropriate practices for American Indian children with mental health needs	Native American community health centers and schools	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.spokane.wsu.edu/research&service/WIMIRT/content/documents/Chapter%203%20Book.pdf			
Coping With Traumatic Events – Self-Help Guide	Individuals learn ways to cope with mental and emotional stress and to redirect it in positive ways, resulting in increased emotional resiliency.	In-home, schools, faith-based, refugee centers, disaster relief agencies	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: http://mentalhealth.samhsa.gov/cmhs/traumaticevents/default.asp			

Resource Materials for Trauma-Exposed Individuals

5. General Resources			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
National Child Traumatic Stress Network	Provides resources for schools, parents, and caregivers on: • Identifying trauma and its overall effects on children • Crisis/disaster information • Programs for early and intermediate recovery • Trauma and grief curricula • Service interventions • Other resources	Schools, home, childcare centers, faith-based, primary care, refugee centers	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: http://www.nctsn.org/nccts/nav.do?pid=ctr_aud_schl_resources			
The Center for Mental Health Services' National Center for Trauma-Informed Care (NCTIC)	Assists publicly-funded agencies, programs, and services in making the cultural shift to a more trauma-informed environment that will serve both systems and consumers—a supportive, comprehensively integrated, and empowering environment for trauma survivors.	Schools, home, childcare centers, faith-based, primary care, refugee centers; sexual assault centers, law enforcement & EMS, community centers; Native American centers	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: http://mentalhealth.samhsa.gov/nctic/			

Resource Materials for Trauma-Exposed Individuals

5. General Resources			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Refugee Resettlement through California Voluntary Resettlement Agencies ("VOLAGs")	VOLAGs provide resettlement assistance and are the initial sponsors of refugees entering the US. VOLAGs provide such services as: reception, basic orientation, counseling, food, shelter and health services to refugees, and act as referral sources to the appropriate local agencies for employment and English language training.	CBOs, healthcare, school-based, in-home, faith-based, refugee centers	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: http://www.dss.cahwnet.gov/refugeeprogram/Res/pdf/Lists/volags.pdf			
Professional Development	Capacity building for staff and volunteers working in schools and universities, primary care settings and emergency medical services (EMS), refugee programs (including MAAs and VOLAGs), law enforcement, teen programs, violence prevention programs, sexual assault crisis centers, disaster assistance/response programs, grief support programs, to identify and address potential mental health needs of trauma-exposed individuals.	CBOs, universities and professional training programs, sexual assault crisis centers, primary care, schools, refugee centers	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: None			

Resource Materials for Trauma-Exposed Individuals

5. General Resources			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
California Coalition Against Sexual Assault (CALCASA) --Crisis Center Directory	A sexual assault crisis center directory that allows users to contact local rape crisis centers by entering their zip code in the search box on the website.	Home, school, colleges, universities, primary care, sexual assault centers, law enforcement & EMS, community centers	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
http://www.calcasa.org/81.0.html			

Resource Materials for Individuals Experiencing Onset of Serious Psychiatric Illness

The MHSA requires that the PEI programs include mental health services that are successful in reducing the duration of untreated mental illnesses and assisting people in quickly regaining productive lives (Welfare and Institutions Code Section 5840(c).) Individuals experiencing onset of a serious psychiatric illness can benefit from early identification and services that will help them get their lives back on track as quickly as possible.

1. <u>All ages</u>

   This priority population includes all age groups. Suggested strategies for this priority population may vary depending on age, type of mental illness, and other characteristics of the individual(s) in need of services. For example, an older adult who may be experiencing the onset of depression would be part of this priority population. Other examples include new mothers experiencing the onset of post-partum depression or children and youth who may be having suicidal ideation. Suggested strategies for these individuals emphasize early identification and intervention with referrals and linkages to county mental health programs or other providers of mental health services (e.g., health care plans), if necessary. Many of the suggested strategies for individuals in this priority population are included in the resource materials for the other priority populations. Also, primary care providers can conduct mental health screening and assessment for all ages and cultural populations as part of a routine healthcare visit, and, when determined appropriate, provide a warm hand-off to a behavioral health specialist, who will initiate early interventions or refer to specialty mental health services, along with care management services, until the individual is fully engaged.

2. <u>Specialized Programs for Youth and Transition-Age Youth – Exempt From Operational Definition for Early Intervention</u>

   Counties may choose to develop a unique, transformational program for youth and transition-age youth at risk of developing a psychotic illness[1]. This program is based on an emerging model from Australia and other countries in which individuals at risk of developing a psychotic illness are identified early and brought into a specialized program, described below. These specialized programs last between 2 to 5 years. Therefore, they are exempt from the operational definition for early intervention in which services may be provided for usually less than one year.

   The term, **"At Risk Mental State" (ARMS)**, usually a period of one to two years, describes the condition of individuals who are at risk for developing a psychotic

[1] DSM-IV diagnoses for psychotic illness include schizophrenia, schizoaffective disorder, brief reactive psychosis, schizofreniform disorder, bipolar disorder with psychotic features, and major depression with psychotic features. All of these diagnoses include psychotic symptoms.

illness and are experiencing distressing symptoms. Not all individuals who experience **ARMS** will go on to meet full DSM-IV criteria for a psychotic illness. Specialized intervention during this period may delay or prevent the transition to onset of full psychotic illness, prevent the loss of community, vocational, and social functioning, and decrease the length of time that the illness goes untreated.

"First Onset" is defined as the time when an individual meets full DSM-IV criteria for a psychotic illness. Most individuals experience a period of time that may range from weeks to years between the time they first experience all of the symptoms and the time when they first receive treatment. This period of time is also known as the **"duration of untreated psychosis" (DUP).** Continuity of care, including continuity of professional relationships, continuity of support for the family, and continuity in the management of the illness, are key issues in the first five years after the onset of psychotic illness.

The majority of individuals who experience **first onset** of a psychotic illness do so during their adolescence, transition-age youth, and early adulthood. A critical component of this strategy is to place these young people in a program just for them. These programs are separate from the programs in a traditional mental health setting that treat people with schizophrenia or other mental illnesses who may have been in intensive treatment for a long time. Interventions are primarily carried out in the community (e.g., home, restaurant, school, etc.) Service sites must be "youth-friendly" and non-stigmatizing, non-mental health settings.

Potential Funding and Resource Partners

Potential funding and resource partners for this priority population include the following groups:

- Community-based organizations
- Community health clinics
- Primary care
- Schools (K-12)
- Employers and businesses
- Client organizations
- Family organizations
- Children's mental health clinics
- Adult mental health clinics
- Psychiatric hospitals
- UC, CSU systems
- Community colleges
- Faith-based organizations
- Youth organizations
- Community centers
- Local media

Resource Materials for Individuals Experiencing Onset of Serious Psychiatric Illness

EXAMPLES OF STRATEGIES:

1. Prevention of Mental Health Problems			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Teen Screen	Voluntary school screening to identify youth who are at-risk for suicide and potentially suffering from mental illness.	Primarily schools, but can be adapted to other settings	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: www.teenscreen.org or http://www.sprc.org/featured_resources/bpr/ebpp_PDF/columbia-teenscreen.pdf			
Breaking the Silence	Lessons, games and posters designed to break the silence of mental illness in schools.	Schools	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.btslessonplans.org/			
Across Ages	A mentoring initiative targeting youth 9 to 13 years of age. The goal is to enhance the resiliency of children in order to promote positive development and prevent them from engaging in high-risk behaviors such as substance use, early sexual activity, or violence.	Community, Schools	☒ C/Y ☐ TAY ☐ Adults ☐ Older Adults
Website: http://guide.helpingamericasyouth.gov/programdetail.cfm?id=288 or http://www.modelprograms.samhsa.gov/pdfs/model/AcrossAges.pdf			

Resource Materials for Individuals Experiencing Onset of Serious Psychiatric Illness

1. Prevention of Mental Health Problems			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
The Science of Mental Illness	The National Institute of Health has developed a school-based curriculum for grades 6-8 that educates students on mental health. Students gain insight into the biological basis of mental illnesses and how scientific evidence and research can help us understand its causes and lead to treatments and, ultimately, cures.	Junior High School	☒ C/Y ☐ TAY ☐ Adults ☐ Older Adults
Website: http://www.bscs.org/page.asp?pageid=0%7C31%7C100%7C304%7C504&id=0%7Cthe_science_of_mental_illness			
All Stars	A program designed to delay the onset of and prevent high-risk behaviors in middle school adolescents 11 to 14 years of age through the development of positive personal characteristics in young adolescents.	Community, School	☒ C/Y ☐ TAY ☐ Adults ☐ Older Adults
Website: http://www.modelprograms.samhsa.gov/pdfs/model/AllStars.pdf			
Teenage Health Teaching Modules	Comprehensive school health curriculum for grades 6 to 12. It provides adolescents with the knowledge and skills to act in ways that enhance their immediate and long-term health. The evaluation of THTM concluded that the curriculum produced positive effects on students' health knowledge, attitudes, and self-reported behaviors.	High school	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.thtm.org/			

Resource Materials for Individuals Experiencing Onset of Serious Psychiatric Illness

1. Prevention of Mental Health Problems			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
American Indian Life Skills Development	A school-based, culturally tailored, suicide-prevention curriculum for American Indian adolescents. Tailored to American Indian norms, values, beliefs, and attitudes, the curriculum is designed to build self-esteem; identify emotions and stress; increase communication and problem-solving skills; and recognize and eliminate self-destructive behavior, including substance abuse.	High School	☐ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.dsgonline.com/mpg2.5//TitleV_MPG_Table_IndRec.asp?id=635			
Leadership and Resiliency Program (LRP)	A program for high school students, 14 to 19 years of age, that enhances youths' internal strengths and resiliency while preventing involvement in substance use and violence.	Community-based, High School	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://modelprograms.samhsa.gov/pdfs/model/leadership.pdf			
PHQ-9; Cornell Scale for Depression in Dementia; and Geriatric Depression Scale	• Screening and assessment for first onset of depression in older adults • Early intervention, if appropriate • Behavioral health assessment and referral, if necessary	CCHC, FQHC, NA Health Center, Rural Health Centers.	☐ C/Y ☐ TAY ☒ Adults ☒ Older Adults
Websites: PHQ-9: **http://www.pfizer.com/pfizer/download/do/phq-9.pdf**; Cornell: **www.medqic.org/dcs/ContentServer?cid=1116947564848&pagename=Medqic/MQTools/ToolTemplate&c=MQTools** Geriatric Depression Scale: **http://www.stanford.edu/~yesavage/GDS.html**			

Resource Materials for Individuals Experiencing Onset of Serious Psychiatric Illness

1. Prevention of Mental Health Problems			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
PROSPECT: Prevention of Suicide in Primary Care Elderly Collaborative Trial	A specially trained master's-level clinician works in close collaboration with a depressed patient's primary care provider to implement a comprehensive disease management program.	CCHC, FQHC, Native American health centers, rural health centers	☐ C/Y ☐ TAY ☐ Adults ☒ Older Adults
Website: http://www.sprc.org/featured_resources/ebpp/pdf/prospect.pdf			
• Beck Depression Inventory • PRIME-MD • Goldberg Depression Questionnaire	To identify depression in the general population: • Screening • Early intervention, if appropriate • Behavioral health assessment and referral, if necessary	CCHC, FQHC, NA Health Center, Rural Health Centers.	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Websites: PRIME-MD: **http://bipolar.stanford.edu/pdf/questionnaire.doc** Goldberg Depression: **http://counsellingresource.com/quizzes/goldberg-depression/index.html**			

Resource Materials for Individuals Experiencing Onset of Serious Psychiatric Illness

2. Specialized Program for Early Onset of a Psychotic Illness[2]			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
ORYGEN	Includes the PACE and EPPIC programs, below. Includes youth health service, research center, education, health promotion, advocacy activities	Homes, Restaurants, Schools, Store-front, non-stigmatizing, non-mental health settings	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: www.orygen.org.au			
Personal Assessment and Crisis Evaluation (PACE)	Work with young people, ages 14 to 30 who may be at risk for developing psychosis by providing appropriate treatment to reduce early symptoms or prevent the development of mental health problems.	Homes, Restaurants, Schools, Store-front, non-stigmatizing, non-mental health settings	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: www.orygen.org.au			
Early Psychosis Prevention and Intervention Center (EPPIC)	Identify and treat the primary symptoms of psychotic illness; improve access and reduce delays in initial treatment; promote well-being with family members; provide education; reduce disruption in individual's life caused by the illness.	Homes, Restaurants, Schools, Store-front, non-stigmatizing, non-mental health settings	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: www.EPPIC.org.au			

[2] These programs are exempt from the operational definition for early intervention that limits interventions to one year or less.

Resource Materials for Individuals Experiencing Onset of Serious Psychiatric Illness

2. Specialized Program for Early Onset of a Psychotic Illness[3]			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Early Treatment and Identification of Psychosis Program (TIPS) – Norway	Psychoeducational multifamily group treatment for individuals experiencing first onset of psychosis, based on research by Tom McGlashan, Yale University	Homes, Restaurants, Schools, Store-front, non-stigmatizing, non-mental health settings	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: None			
Portland Identification and Early Referral Program (PIER)	Teaches how to recognize early signs or active symptoms of psychotic disorders in individuals ages 12 to 25; begins intensive treatment as early as possible	Homes, Restaurants, Schools Store-front, non-stigmatizing, non-mental health settings	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Websites: www.preventmentalillness.org or www.stopmentalillness.org			
Initiative to Reduce the Impact of Schizophrenia (IRIS)	Early Intervention in psychosis; development of non-stigmatizing services that appropriate for young people in early stage of illness; reduce impact of psychosis on young people	Homes, Restaurants, Schools, Store-front, non-stigmatizing, non-mental health settings	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: www.iris-initiative.org.uk			

[3] These programs are exempt from the operational definition for early intervention that limits interventions to one year or less.

Resource Materials for Individuals Experiencing Onset of Serious Psychiatric Illness

3. General Resources for Specialized Programs[4] for Early Onset of a Psychotic Illness			
RESOURCE	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Structured Interview for Prodromal Syndromes (SIPS)	Screening instrument used to classify individuals into one of three states: • BIPS (Brief Intermittent Psychotic Symptom Syndrome) • APS (Attenuated Positive Symptom Syndrome) • SIPS (Genetic Risk and Deteriorating Syndrome	Middle schools, High schools, Community colleges, Universities, Youth Organizations, Primary Care, Community Organizations, Client/Family Member Organizations, Children's/Adult Mental Health Clinics	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.schizophrenia.com/sztest/SIPS.details.htm			

[4] These programs are exempt from the operational definition for early intervention that limits interventions to one year or less.

Resource Materials for Individuals Experiencing Onset of Serious Psychiatric Illness

3. General Resources for Specialized Programs[5] for Early Onset of a Psychotic Illness			
RESOURCE	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Bonn Scale for the Assessment of Basic Symptoms (BSABS)	Screening instrument used to classify individuals into one of three states: • BIPS (Brief Intermittent Psychotic Symptom Syndrome) • APS (Attenuated Positive Symptom Syndrome) • SIPS (Genetic Risk and Deteriorating Syndrome	Middle schools, High schools, Community colleges, Universities, Youth Organizations, Primary Care, Community Organizations, Client/Family Member Organizations, Children's/Adult Mental Health Clinics	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www3.interscience.wiley.com/cgi-bin/abstract/112475704/ABSTRACT?CRETRY=1&SRETRY=0			

[5] These programs are exempt from the operational definition for early intervention that limits interventions to one year or less.

Resource Materials for Individuals Experiencing Onset of Serious Psychiatric Illness

3. General Resources for Specialized Programs[6] for Early Onset of a Psychotic Illness			
RESOURCE	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Comprehensive Assessment of At-Risk Mental States (CAARMS)	Screening instrument used to classify individuals into one of three states: • BIPS (Brief Intermittent Psychotic Symptom Syndrome) • APS (Attenuated Positive Symptom Syndrome) • SIPS (Genetic Risk and Deteriorating Syndrome	Middle schools, High schools, Community colleges, Universities, Youth Organizations, Primary Care, Community Organizations, Client/Family Member Organizations, Children's/Adult Mental Health Clinics	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.blackwell-synergy.com/doi/abs/10.1111/j.1440-1614.2005.01714.x?journalCode=anp			
International Early Psychosis Association (IEPA)	Clearinghouse for information about early intervention and first onset programs around the world.	Varies	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: www.iepa.org.au			

[6] These programs are exempt from the operational definition for early intervention that limits interventions to one year or less.

Resource Materials for Children and Youth in Stressed Families

Description of Priority Population

This PEI priority population focuses on children and youth in families where parental conditions place their children at high risk of behavioral and emotional problems. Examples include parents and other family members who are identified with mental illness or serious health conditions, substance abuse, domestic violence, incarceration, child neglect or abuse. All PEI priority populations place an emphasis on historically unserved or underserved ethnic or cultural populations.

The Centers for Disease Control refer to childhood abuse, neglect, and exposure to other traumatic stressors as *adverse childhood experiences* (ACE). The short and long-term outcomes of these adverse experiences in childhood include a variety of health and social problems. The study also shows a correlation between the numbers of adverse childhood experiences and an increase in alcoholism and alcohol abuse, depression, risk for intimate partner violence, multiple sex partners, sexually transmitted diseases and suicide attempts.

Children and youth in foster care and young adults transitioning out of foster care are a potential target group for this strategy. As of February 2007 there were 83,425 children in California's foster care system. Many experience high rates of trauma as a result of separation from parents and family members, abuse and neglect, removal from their homes, multiple foster placements, lack of permanent homes, and other factors that place them at high risk of emotional and behavioral problems.

Homeless children and youth are another target population for this strategy, as they face a multitude of stressors. Based on average family size, the California Department of Housing and Community Development estimates that approximately 80,000 to 95,000 children and youth are homeless in California. These numbers do not include the estimated 40,000 children and youth who are runaways, have left the foster care system, or have been abandoned or orphaned and have not entered the social welfare system. The following information demonstrates the increased risk for adverse childhood experiences that homeless children and youth face:

- 43% of homeless children are molested; 66% are violently abused
- When in school, homeless kids are twice as likely to repeat a grade or be suspended
- Over 20% of homeless children do not attend school at all
- Homeless children go hungry twice as often as other children
- Homeless children are reported in fair or poor health twice as often as housed children

The primary target age group is children and youth. In acknowledgment that a child/youth's behavioral health is related to the family's condition, family members (TAY, adults, and older adult guardian/caregivers) may also receive selected services (e.g.,

constructive parenting education, referral to health, mental health, social services and basic needs providers).

Many of the potential target populations for this PEI priority population seek primary care services at community clinics and health centers (CCHCs). CCHCs provide culturally competent care to individuals and families who are uninsured, underinsured, or receive subsidized insurance such as Medi-Cal, Healthy Families, Healthy Kids, and Access for Infants and Mothers (AIM) Program. Primary Care Integration allows behavioral health (BH) specialists to be a part of a primary care provider's team and provide screening and intervention services to individuals who have mental health issues. The BH specialist can consult with the Primary Care Provider (PCP) and intervene as needed, receiving a warm hand-off from the PCP; initiate early interventions or refer to specialty mental health services, along with care management services until the individual is fully engaged.

PEI Stakeholders identified the following characteristics of the preferred settings to address children and youth in stressed families:

1. **Neighborhood/community organization.** Staff sees and interacts with families on a regular basis through both a formal relationship and informal contact.

2. **In-Culture services.** Staff and volunteers who are culturally competent to address the diverse needs of participating families, and equal opportunities for participation of service providers, both staff and volunteers, who share the cultural background and language of the participating families.

3. **Multipurpose function.** The organization's mission is not primarily mental health. The organization serves multiple interests and needs of neighborhood/community families.

4. **Long-term association.** The organization has a long standing and continuous presence in the neighborhood/community and is trusted and well-respected among families.

5. **Family-driven and Family-oriented**. Families participate in designing, implementing and evaluating programs and activities. The organization provides programs and supports that engage children, youth and adults and builds family relationships. It is not a drop-in center.

6. **Familiarity.** Families participating in the organization have an identity and relationship with the staff and volunteers.

7. **Formal Collaborative Partnerships**. The organization has formal partnerships with community agencies and organizations to provide other services and supports as needed (such as basic needs, substance abuse treatment, employment assistance) for participating families.

8. **Record for Success**. The organization can document improved conditions and goal achievement for children, youth and families resulting from its programs.

9. **Fiscal Responsibility**. The organization evidences capacity for fiscal accountability for public funds.

Suggested Strategies

Prevention strategies and early intervention approaches listed in the Resource Materials largely mirror those targeting the other PEI priority populations to do the following:

- Increase awareness of mental health stressors and protective factors
- Teach families, caregivers and educators skills to address behavior problems
- Screen for mental health and learning problems
- Develop suicide awareness and prevention approaches
- Work with families and educators to create positive school and community environments
- Develop school-wide and community-wide approaches to prevent bullying and aggression
- Foster tolerance and understanding of diversity
- Identify problems early and intervene quickly
- Refer/link family members to needed services in support of their children and youth

Potential Funding and Resource Partners

Potential funding and resource partners for this strategy include the following groups:

- Ethnic/cultural organizations
- Family resource centers
- Family organizations
- Schools (preK-12)
- First 5, Head Start and early childhood centers
- Faith-based organizations
- Probation/law enforcement
- Primary care
- Social services
- Employment Development Agencies
- Private foundations
- Businesses
- Parks and recreation
- Mentor programs

Resource Materials for Children and Youth in Stressed Families

EXAMPLES OF STRATEGIES:

1. Prevention of Mental Health Problems			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Across Ages	A mentoring initiative targeting youth 9 to 13 years of age. The goal is to enhance the resiliency of children in order to promote positive development and prevent them from engaging in high-risk behaviors such as substance use, early sexual activity, or violence.	School	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.modelprograms.samhsa.gov/pdfs/model/AcrossAges.pdf			
All Stars	School or community-based program designed to delay the onset of and prevent high-risk behaviors in middle school aged children through the development of positive personal characteristics in young adolescents.	Schools, Receiving Homes, Foster Placements, Juvenile Hall	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.modelprograms.samhsa.gov/pdfs/model/AllStars.pdf			
Broader Urban Involvement and Leadership Development Program (BUILD)	Incorporates popular gang prevention to curb gang violence. Founded on the principle that youths join gangs because they lack other, more constructive opportunities and outlets, BUILD tries to "reach out to young people and provide alternatives to violence."	Community, Schools, Police, Probation	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.dsgonline.com/mpg2.5//TitleV_MPG_Table_Ind_Rec.asp?id=662			
Caring School Community Program	Focuses on strengthening students' connectedness to school in order to promote academic motivation and achievement, foster character formation, and to reduce drug abuse, violence, and mental health problems.	Elementary	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.devstu.org/csc/videos/index.shtml			

Resource Materials for Children and Youth in Stressed Families

1. Prevention of Mental Health Problems			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Effective Black Parenting	Effective Black Parenting was originally developed for parents of African American children aged 2 to 12. However, the program has been successfully used with teenage African American parents and their babies, and with African American parents of adolescent children. Thus, its widespread usage has been with parents whose children range from 0 to 18.	Head Start agencies, churches, mental health clinics, substance abuse agencies, hospitals, counseling centers and schools	
Website: http://www.ciccparenting.org/EffBlackParentingDesc.aspx#2			
Indian Family Wellness Project	Family-centered prevention intervention for preschool-aged children. The development, implementation, and evaluation of this program has been based upon a tribal participatory research model, an approach that emphasizes full participation of tribes and tribal members in all phases of the research process and incorporates cultural and historical factors vital to strengthening American Indian and Alaska Native families.	Community-based, Native American Health Centers	☒ C/Y ☐ TAY ☐ Adults ☐ Older Adults
Website: http://www.springerlink.com/content/t5303n51730hx812/			
Integrated Primary Care and Mental Health Services	Multidisciplinary team with behavioral health specialists embedded in services: • Promotion of optimal mental health for everyone; • Universal voluntary screening of all individuals or if indicated; • Early intervention, if appropriate (support groups, classes, etc.); • Behavioral health assessment and referral, if necessary • Brief psychotherapy, counseling less than one year	Community clinics and health centers (CCHCs) Federally Qualified Health Centers (FQHCs) Native American Health Centers, Rural Health Centers	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: http://www.astho.org/pubs/MentalHealthIntegration.pdf			
Leadership and Resiliency Program (LRP)	A program for high school students, 14 to 19 years of age, that enhances youths' internal strengths and resiliency while preventing involvement in substance use and violence.	Community-based, High School	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.modelprograms.samhsa.gov/pdfs/model/leadership.pdf			

Resource Materials for Children and Youth in Stressed Families

1. Prevention of Mental Health Problems			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Los Niños Bien Educados	Parents learn how to praise effectively, to confront, to use family conversations, and to employ "time out" procedures. The program is widely used in schools, mental health and social service agencies, churches, and hospitals. It addresses school dropout prevention and drug and child abuse.	Schools, Community	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.ciccparenting.org/LosNinosBienEdDesc.aspx			
Supporting Adolescents with Guidance and Employment (SAGE)	Supporting Adolescents with Guidance and Employment (SAGE) is a violence-prevention program developed specifically for African-American adolescents. The program consists of three main components, namely a Rites of Passages (ROP) program, a summer jobs training and placement (JTP) program, and an entrepreneurial experience that uses the Junior Achievement (JA) model.	Community organizations, Family resource centers, Employment development centers	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.dsgonline.com/mpg2.5//TitleV_MPG_Table_Ind_Rec.asp?id=601			
Focus on Families	Objectives are to increase family management skills, anger management skills, refusal and problem solving skills, ability to teach these skills to their children, and the ability to assist their children with academic success. The program is intended to increase protective factors and ultimately result in decreased participation in drug use and delinquent behavior.	Clinics/health centers, Community organizations	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.strengtheningfamilies.org/html/programs_1999/20_FOF.html			

Resource Materials for Children and Youth in Stressed Families

2. Early Intervention for Mental Health Problems and Concerns			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Adolescent Transitions Program (ATP)	Multilevel, family-centered intervention targeting children who are at risk for problem behavior or substance use. Designed to address the family dynamics of adolescent problem behavior, it is delivered in the middle school setting to parents and their children.	Schools	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.strengtheningfamilies.org/html/programs_1999/08_ATP.html			
Counselor Care (C-Care) and Coping and Support Training (CAST)	Intervention for students at risk for suicide. It combines one-on-one counseling with a series of small-group training sessions.	Schools, Higher Education, County Offices of Education, County Mental Health	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.sprc.org/featured_resources/bpr/ebpp_PDF/ccare_cast.pdf			
Family-to-Family	Differential Response is an early intervention and response system that targets families that have been referred to CPS but do not receive direct services because the children are not directly at risk of harm. Family to Family encourages neighborhood-based foster care and views foster parents as partners in the family reunification process. Purpose is to respond to reports of abuse and neglect. Hotline, screening, comprehensive assessment. (Place behavioral health specialist on staff to screen and provide PEI services)	Child Welfare – referrals from teachers, and other mandated reporters; Community Engagement Specialist	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.aecf.org/MajorInitiatives/Family%20to%20Family.aspx			
Head Start/Early Start	Head Start and Early Head Start are comprehensive child development programs that serve children from birth to age 5, pregnant women, and their families. They are child-focused programs and have the overall goal of increasing the school readiness of young children in low-income families.	Schools, Community organizations, Family resource centers	☐ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: http://www2.acf.hhs.gov/programs/hsb/index.htm or http://nccic.org/poptopics/ecmhealth.html			

Resource Materials for Children and Youth in Stressed Families

2. Early Intervention for Mental Health Problems and Concerns			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Nurse-Family Partnership (David Olds Model)	Behavioral health screening by RN, family education, early intervention, referral, and treatment based on child and family needs.	Homes of 1st Time Parents	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.nursefamilypartnership.org/index.cfm?fuseaction=home			
Parent/Child Interactive Therapy (PCIT)	PCIT is an empirically-supported treatment for conduct-disordered young children that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns.	Clinic, Community, Home, School	☒ C/Y ☒ TAY ☒ Adults ☐ Older Adults
Website: http://www.pcit.tv/			
Parenting Wisely	A self-administered, interactive, multimedia program that reduces family conflict and child behavior problems by improving parenting skills and enhancing family communication and mutual support, supervision, and discipline. Targets parents with children ages 9 to 18.	Community Home Juvenile court Child welfare	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://modelprograms.samhsa.gov/pdfs/model/ParentWise.pdf			
Partners in Parenting Program (PIP)	The Partners in Parenting Program provides home-based psychotherapy and parenting skills training to parents or other adults who suffer from a mental illness and who are raising children. This includes mothers and fathers, as well as grandparents and others who have responsibility for bringing up children and adolescents. PIP also provides mental health treatment services to children and adolescents.	Home-based	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: http://mhawestchester.org/mhatreatment/pip.asp			
Primary Intervention Program (PIP) & Enhanced PIP	PIP is a school-based prevention and early intervention program for grades K-3 aimed at enhancing the social and emotional development of young children and preventing the development of serious mental health problems.	Early Childhood/Preschool	☒ C/Y ☐ TAY ☐ Adults ☐ Older Adults
Website: http://www.timeforkids.net/intervention.html			

Resource Materials for Children and Youth in Stressed Families

2. Early Intervention for Mental Health Problems and Concerns			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Strengthening Families Program (SFP)	SFP is an evidence-based family skills training program found to significantly reduce problem behaviors, delinquency, and alcohol and drug abuse in children and to improve social competencies and school performance.	School, Middle School	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: http://www.strengtheningfamiliesprogram.org/index.html			
Strengthening the Bonds of Chicano Youth and Families	Strengthening the Bonds of Chicano Youth and Families is a comprehensive, multi-level community-based and culturally appropriate program designed to meet the prevention needs of rural Chicano youth demonstrating high-risk characteristics of substance abuse. The program is rooted in a family-oriented approach that is based on Mexican American culture, values, and principles.	Community organizations, Family resource centers,	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.modelprograms.samhsa.gov/pdfs/promising/strengthening-the-bonds-of-chicano-youth-&-families.pdf			
Students Targeted With Opportunities for Prevention (STOP)	A program that targets youth aged 10 to 14 years who are not on probation, but who need services according to criteria of main risk factors for delinquency like gang affiliation, substance abuse problems, school issues, and family violence. This is done in a Wraparound approach, typically with multiple fund sources.	School, Community organizations, Receiving, Homes, Foster Placements, Juvenile Hall	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.preventviolence.org/events/materials/fresno_stop.pdf			
Trauma-Focused Cognitive Behavioral Therapy (TFCBT)	A SAMHSA model program designed to help children, youth, and their parents overcome the negative effects of traumatic life events.	Clinics/health centers, Schools, Community-based Organizations, In-home settings	☒ C/Y ☒ TAY ☒ Adults ☐ Older Adults
Website: http://www.modelprograms.samhsa.gov/pdfs/model/TFCBT.pdf			

Resource Materials for Children and Youth in Stressed Families

2. Early Intervention for Mental Health Problems and Concerns			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Ages & Stages Questionnaires (ASQ) and ASQ – Social Emotional (ASQ-SE)	Voluntary screening for emotional and behavioral problems of young children ages birth to 5 years in stressed families.	Community clinics and health centers (CCHCs) Federally Qualified Health Centers (FQHCs) Native American Health Centers, Rural Health Centers	☒ C/Y ☒ TAY ☒ Adults ☐ Older Adults
Website: http://www.brookespublishing.com/store/books/bricker-asq/			
Screening	Identification, voluntary screening, early intervention and/or referral for MH assessment of children and youth whose older siblings are involved in the justice system.	School, Police, Probation	☒ C/Y ☐ TAY ☐ Adults ☐ Older Adults
Website: None			
Screening	Voluntary screening and if indicated, early intervention and/or referral of young children and youth removed from their homes.	Receiving Homes, Foster Placements, Juvenile Hall	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: None			
PTSD Checklist, Short Screening Scale for PTSD and Sprint	Voluntary screening and assessment for trauma and violence exposure and for PTSD: • Screen and identify individuals • Early intervention, if appropriate (support groups, classes, etc.) • Behavioral health assessment and referral, if necessary	Community clinics and health centers (CCHCs) Federally Qualified Health Centers (FQHCs) Native American Health Centers, Rural Health Centers	☒ C/Y ☒ TAY ☒ Adults ☐ Older Adults
Websites: PTSD Checklist: http://dev.www.uregina.ca/traumatic/images/stories/SelfAssessmentQuestionairre/ptsdchecklistcivilianversionga-1.pdf Short Screening Scale for PTSD: http://www.ncptsd.va.gov/ncmain/ncdocs/assmnts/short_screening_scale_for_ptsd.html Sprint: http://www.mentalhealthscreening.org/events/ndsd/conduct_materials.aspx#sprint			

Resource Materials for Children and Youth in Stressed Families

2. Early Intervention for Mental Health Problems and Concerns			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
National Mental Health Awareness Campaign	A group of transitional age youth who have experienced mental illness and who present at high school assemblies around the country.	Schools High School	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.nostigma.org/			

Resource Materials for Children and Youth in Stressed Families

3. Linkage and Support in Navigating Service Systems and Other Providers as Needed			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Healthy Start	The goal of Healthy Start is to improve the lives of children, youth, and families. Local initiatives strive for measurable improvements in such areas as school readiness, educational success, physical health, emotional support, and family strength. [MHSA could contribute training and technical assistance, and behavioral health staff]	Schools, Community	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.cde.ca.gov/ls/pf/hs/facts.asp			

Resource Materials for Children and Youth in Stressed Families

4. System structure and enhancements to improve, coordinate and sustain mental health programs and interventions			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Asset Based Community Development	Community engagement process that consists of helping communities become stronger and more self-reliant by discovering, mapping and mobilizing all their local assets.	Community-based	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: http://www.abcdtraininggroup.org/			
Neighborhood Alternative Centers	Provides mandated intake for youth, ages 8-17 (WIC 626.5) who are exhibiting pre-delinquent conduct. Provides brief assessment, crisis intervention and referral. (Behavioral health specialist on staff to link children and youth to programs for screening, early intervention, and referral for assessment and treatment if necessary.)	Community-based	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: None			

Resource Materials for Children and Youth in Stressed Families

5. General Resources			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Family Resource Center (FRC) Associations	FRCs advocate for the programs, policies and resources that help families and communities thrive and succeed. FRCs also focus on building the capacity of their member organizations and linking them to one another.	Community-based	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: http://www.californiafamilyresource.org/about/index.html			
One-Stop Career Centers	California's One-Stop Career Center System is a statewide network of conveniently located centers that provide employment, education, and training services all in one place.	Community-based	☐ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: http://www.edd.ca.gov/ONE-STOP/default.htm			
Strategies (CA Dept. of Social Services)	Strategies provide training and technical assistance to family resource centers (FRCs) and family support programs (FSPs) throughout California.	Family resource centers, Community organizations, Health centers	☒ C/Y ☒ TAY ☒ Adults ☐ Older Adults
Website: http://www.familyresourcecenters.net/			

Resource Materials for Children and Youth at Risk for School Failure

Description of Priority Population

This priority population focuses on addressing the behavioral health needs of children and youth at risk for school failure. The education system has a more extensive reach than any other public system into the population of children and youth, including those at high risk for negative outcomes associated with early emotional/behavioral issues and mental illness. School-based prevention and youth development interventions have proven to be most beneficial when simultaneously enhancing personal and social assets in addition to improving the quality of the environment in which students are educated (Eccles & Appleton, 2002; Weissberg & Greenberg, 1998).

By investing in the strengthening of the schools' infrastructure for supporting student's behavioral health, the coordination of existing resources, and strategic enhancement of specific services on school sites, MHSA funds have the potential to leverage key resources of the public education system. There is potential to address prevention and early intervention needs of all PEI priority populations within this strategy. The primary target age group is children and youth. In acknowledgment that a child/youth's school success is related to the family's condition, family members (TAY, adults, and older adult guardians/caregivers) would also receive selected services (e.g., parenting education, linkage to health, mental health, social services and basic needs providers).

Targeting schools in low-income communities would provide services to highly diverse and underserved populations. Funding should target priority schools with characteristics such as:

- High number of children and youth from ethnic/cultural groups underserved
- High poverty
- Low academic achievement
- High rates of suspensions, expulsions and drop out
- High number of children and youth in foster care
- High number of children and youth at risk of juvenile justice involvement
- High rates of violence in the community

The strategy should be implemented in a catchment area[1] with a high school, including court and community schools, and its feeder middle and elementary schools and early education programs; or, where there is no distinct feeder pattern, in a geographic area encompassing schools at all levels. Expansion to other catchment areas and geographic areas should be a part of school improvement planning.

[1] A school catchment area is the geographic area from which students are eligible to attend local schools.

Suggested Strategies

The Prevention and Early Intervention suggested strategies listed in the Resource Materials for this priority population are intended to do the following:

- Provide outreach and education to children, youth, families, school staff and communities to increase awareness of mental health issues
- Build resiliency and increase protective factors in children and youth
- Foster positive school climate
- Offer voluntary screening for general populations
- Expand early intervention services
- Develop school-wide and community-wide approaches to prevent bullying and violence
- Provide professional development/ training on mental health for those working with children and youth

Potential Funding and Resource Partners

Potential funding and resource partners for this strategy include the following groups:

- Schools (preK-12)
- School-based health centers
- Head Start and early childhood centers
- After school programs
- Child welfare
- Client and family member organizations
- Faith-based organizations
- Cultural and ethnic organizations
- Community-based organizations
- Law enforcement
- Probation
- Primary care
- Private foundations
- Businesses

Resource Materials for Children and Youth at Risk for School Failure

EXAMPLES OF STRATEGIES:

1. Prevention of Mental Health Problems			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Al's Pals: Kids Making Healthy Choices	Al's Pals is an early childhood curriculum designed to increase the protective factor of social and emotional competence in young children and to decrease the risk factor of early and persistent aggression or antisocial behavior.	Early Childhood/Preschool, Elementary	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.modelprograms.samhsa.gov/pdfs/model/AlsPals.pdf			
Olweus Bullying Prevention Program	The program is based on an ecological model, intervening with a child's environment on many levels: the individual children who are bullying and being bullied, the families, the teachers and students within the classroom, the school as a whole, and the community.	Elementary/Middle	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.modelprograms.samhsa.gov/pdfs/model/Olweus%20Bully.pdf			
Caring School Community Program	Focuses on strengthening students' connectedness to school in order to promote academic motivation and achievement, foster character formation, and to reduce drug abuse, violence, and mental health problems.	Elementary	☒ C/Y ☐ TAY ☐ Adults ☐ Older Adults
Website: http://www.devstu.org/csc/videos/index.shtml			

Resource Materials for Children and Youth at Risk for School Failure

1. Prevention of Mental Health Problems			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
The Incredible Years	The Incredible Years Training Series provides three comprehensive, multifaceted, and developmentally based curricula for parents, teachers, and children. The program is designed to promote emotional and social competence and to prevent, reduce, and treat aggressive, defiant, oppositional, and impulsive behaviors in young children 2 to 8 years old.	Early Childhood/Elementary	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.modelprograms.samhsa.gov/pdfs/model/IncYears.pdf			
Promoting Alternative THinking Strategies	Designed to be used by school teachers and counselors, PATHS is a comprehensive program that promotes emotional and social competencies and reduction in aggression and behavior problems.	Elementary	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.modelprograms.samhsa.gov/pdfs/model/PATHS.pdf			
Peacemakers	Peacemakers is a curriculum-based violence prevention program. The curriculum teaches students positive attitudes and values related to violence, and trains youth in conflict related psychosocial skills such as anger management, problem solving, assertiveness, communication, and conflict resolution.	Elementary/Middle	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.modelprograms.samhsa.gov/pdfs/promising/peacemakers.pdf			
Second Step	Second Step is a universal classroom-based intervention designed to reduce impulsive and aggressive behaviors and increase protective factors and social-emotional competence. Organized by grade level, the program teaches children empathy, problem-solving skills, risk assessment, decision-making, and goal-setting skills.	Elementary/Middle	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://nrepp.samhsa.gov/programfulldetails.asp?PROGRAM_ID=80			

Resource Materials for Children and Youth at Risk for School Failure

1. Prevention of Mental Health Problems			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Across Ages	A mentoring initiative targeting youth 9 to 13 years of age. The goal is to enhance the resiliency of children in order to promote positive development and prevent them from engaging in high-risk behaviors such as substance use, early sexual activity, or violence.	Middle	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.modelprograms.samhsa.gov/pdfs/model/AcrossAges.pdf			
All Stars	School or community-based program designed to delay the onset of and prevent high-risk behaviors in middle school aged children through the development of positive personal characteristics in young adolescents.	Middle	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.modelprograms.samhsa.gov/pdfs/model/AllStars.pdf			
The Science of Mental Illness (National Institute on Health & National Institute on Mental Health)	This curriculum provides students with insight into the biological basis of mental illnesses and how scientific evidence and research can help us understand its causes and lead to treatment, and ultimately, cures.	Middle	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://science-education.nih.gov/supplements/nih5/mental/default.htm			
Red Flags	Designed to help students, parents and school staff members recognize and respond to signs of depression and related mental illness.	Middle	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.redflags.org/			

Resource Materials for Children and Youth at Risk for School Failure

1. Prevention of Mental Health Problems			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
National Mental Health Awareness Campaign (NMHAC) Speakers' Bureau	Provides positive examples and dialogue about dealing with mental health issues. The NMHAC Speakers' bureau features young people who have dealt with these issues and who can encourage others to recognize and seek help for their emotional difficulties.	Middle/High School	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.nostigma.org/			
American Indian Life Skills Development	School-based, culturally tailored, suicide-prevention curriculum for American Indian adolescents. The curriculum is designed to build self-esteem; identify emotions and stress; increase communication and problem-solving skills; and recognize and eliminate self-destructive behavior, including substance abuse.	High School	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: : http://guide.helpingamericasyouth.gov/programdetail.cfm?id=635 or http://modelprograms.samhsa.gov/pdfs/effective/american-indian-life-skills-development.pdf			
Zuni Life Skills Development Curriculum	Curriculum to develop competency in a range of life skills. Tailored to Zuni culture, but the process of cultural adaptation incorporated in the program is transferable to other populations	High School	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://library.sprc.org/item.php?id=118964&catid=115950			
Lifelines	Curriculum includes information and attitudes about suicide, help seeking, and school resources and discussion of warning signs of suicide.	High School	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.sprc.org/featured_resources/bpr/ebpp_PDF/lifelines.pdf			

Resource Materials for Children and Youth at Risk for School Failure

1. Prevention of Mental Health Problems			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Teenage Health Teaching Modules	Comprehensive school health curriculum for grades 6 to 12. It provides adolescents with the knowledge and skills to act in ways that enhance their immediate and long-term health. The evaluation of THTM concluded that the curriculum produced positive effects on students' health knowledge, attitudes, and self-reported behaviors.	High School	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.thtm.org/			
Signs of Suicide Program (SOS)	Curriculum that aims to raise awareness of suicide and its related issues with a brief screening for depression and other risk factors associated with suicidal behavior.	High School	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.modelprograms.samhsa.gov/pdfs/promising/sos-signs-of-suicide.pdf			
Yellow Ribbon Suicide Prevention Program	Promotes help-seeking behavior by increasing public awareness of suicide prevention, training gatekeepers, and facilitating help-seeking.	School-wide	☒ C/Y ☒ TAY ☒ Adults ☐ Older Adults
Website: http://www.yellowribbon.org/			
After School Education and Safety (ASES)	The ASES Program funds the establishment of local after school education and enrichment programs created through partnerships between schools and local community resources to provide literacy, academic enrichment and safe constructive alternatives for students in grades K-9. (MHSA could support behavioral health activities.)	School-wide, Community-based	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.cde.ca.gov/ls/ba/as/ases06fundingfaq.asp			

Resource Materials for Children and Youth at Risk for School Failure

1. Prevention of Mental Health Problems			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Positive Behavioral Interventions and Supports	Positive behavioral supports are school-wide, research-based approaches to creating positive changes in school climate. They offer holistic approaches that consider all factors that impact a child's behavior and can be used to address aggression, tantrums, and property destruction to social withdrawal.	School-wide	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.pbis.org/main.htm or http://challengingbehavior.fmhi.usf.edu/pbs.html			

Resource Materials for Children and Youth at Risk for School Failure

2. Early Intervention for Mental Health Problems and Concerns			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Early Childhood Mental Health Programs	Mental health consultants to work with early childhood staff to help them better observe, understand and respond to children's behavioral needs.	Early Childhood/Preschool	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.ucsfchildcarehealth.org/pdfs/Curricula/CCHC/14_CCHC_Behavioral_0406.pdf			
Family Health Promotion	Includes trainings, home visitation, and school curriculum to reduce risk factors and build resiliency and protective factors in children ages 3-8.	Early Childhood/Elementary	☒ C/Y ☒ TAY ☒ Adults ☐ Older Adults
Website: http://www.modelprograms.samhsa.gov/pdfs/promising/family-health-promotion.pdf			
Head Start/Early Start	Head Start and Early Head Start are comprehensive child development programs that serve children from birth to age 5, pregnant women, and their families. They are child-focused programs and have the overall goal of increasing the school readiness of young children in low-income families.	Schools, Community organizations, Family resource centers	☒ C/Y ☒ TAY ☒ Adults ☐ Older Adults
Website: http://www2.acf.hhs.gov/programs/hsb/index.htm and http://nccic.org/poptopics/ecmhealth.html			
Nurse-Family Partnership Program	Nurse-Family Partnership is an evidence-based nurse home visitation program that improves the health, well-being and self-sufficiency of low-income, first-time parents and their children.	Early Childhood	☒ C/Y ☐ TAY ☒ Adults ☐ Older Adults
Website: http://www.modelprograms.samhsa.gov/pdfs/model/NurseFP.pdf			
Universal, Voluntary Screening	Early identification and treatment of social-emotional delays and disorders improves outcomes for young children and their families, and can result in substantial cost benefits.	Early Childhood/Preschool	☒ C/Y ☐ TAY ☐ Adults ☐ Older Adults
Website: http://www.First5caspecialneeds.org			

Resource Materials for Children and Youth at Risk for School Failure

2. Early Intervention for Mental Health Problems and Concerns			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Primary Intervention Program (PIP) & Enhanced PIP	PIP is a school-based prevention and early intervention program for grades K-3 aimed at enhancing the social and emotional development of young children and preventing the development of serious mental health problems.	Early Childhood/Preschool	☒ C/Y ☐ TAY ☐ Adults ☐ Older Adults
Website: http://www.timeforkids.net/intervention.html			
Social Decision Making/Problem Solving	The program seeks to develop children's self-esteem, self-control, and social awareness skills, including identifying, monitoring, and regulating stress and emotions; increasing healthy lifestyle choices; avoiding social problems such as substance abuse, violence, and school failure; improving group cooperation skills; and enhancing the ability to develop positive peer relationships.	Elementary/Middle	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.promisingpractices.net/program.asp?programid=154			
Strengthening Families Program	SFP is an evidence-based family skills training program found to significantly reduce problem behaviors, delinquency, and alcohol and drug abuse in children and to improve social competencies and school performance.	Middle	☒ C/Y ☒ TAY ☒ Adults ☐ Older Adults
Website: http://www.strengtheningfamiliesprogram.org/index.html			
Reconnecting Youth	Curriculum teaches skills to build resiliency with respect to risk factors and to moderate early signs of substance abuse, and depression/aggression. The program incorporates social support and life skills training.	High School	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.modelprograms.samhsa.gov/pdfs/model/Reconnecting.pdf			

Resource Materials for Children and Youth at Risk for School Failure

2. Early Intervention for Mental Health Problems and Concerns			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Cognitive Behavioral Interventions for Trauma in Schools (CBITS)	The Cognitive Behavioral Intervention for Trauma in Schools (CBITS), a collaborative project with the Los Angeles School District (LAUSD), provides mental health screening and a standardized brief cognitive behavioral therapy treatment in schools for students who have been exposed to violence.	High School	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.hsrcenter.ucla.edu/research/cbits.shtml			
Trauma-Focused Cognitive Behavioral Therapy (TFCBT)	A SAMHSA model program designed to help children, youth, and their parents overcome the negative effects of traumatic life events.	School-wide	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.modelprograms.samhsa.gov/pdfs/model/TFCBT.pdf			
Families and Schools Together (FAST)	FAST is a multifamily group intervention designed to build protective factors for children and empower parents to be the primary prevention agents for their own children. It is offered as a universal model to children, ages 3 through 18. It became an evidence-based model in 2002.	School-wide	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.wcer.wisc.edu/FAST/			
Social and Emotional Learning Programs (SELs)	Teaches social and emotional skills as well as abuse prevention, violence prevention, sexuality, health, and character education. Ex. Responsive Classroom Program	School-wide	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.casel.org/basics/definition.php			

Resource Materials for Children and Youth at Risk for School Failure

2. Early Intervention for Mental Health Problems and Concerns			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Partners in Parenting Program	The Partners in Parenting Program provides home-based psychotherapy and parenting skills training to parents or other adults who suffer from a mental illness and who are raising children. This includes mothers and fathers, as well as grandparents and others who have responsibility for bringing up children and adolescents. PIP also provides mental health treatment services to children and adolescents.	Home-based	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: http://mhawestchester.org/mhatreatment/pip.asp			
Teen Screen	Voluntary school screening to identify youth who are at-risk for suicide and potentially suffering from mental illness.	High School	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.teenscreen.org/			
Counselor Care (C-Care) and Coping and Support Training (CAST)	Intervention for students at risk for suicide. It combines one-on-one counseling with a series of small-group training sessions.	High School	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://sdsuicideprevention.org/pdf/contentmgmt/ccare_cast.pdf			

Resource Materials for Children and Youth at Risk for School Failure

3. Linkage and Support in Navigating Service Systems and Other Providers as Needed			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Healthy Start	Intended to improve the lives of children, youth, and families. The program seeks to improve school readiness, educational success, physical health, emotional support, and family strength.	School-wide	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.cde.ca.gov/ls/pf/hs/			
School Attendance Review Boards (SARBS)	SARBs are composed of representatives from various youth-serving agencies, help truant or recalcitrant students and their parents or guardians solve school attendance and behavior problems through the use of available school and community resources. (MHSA could provide a mental health specialist member)	School-wide	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.cde.ca.gov/ls/ai/sb/			

Resource Materials for Children and Youth at Risk for School Failure

4. System Structure and Enhancements to Improve, Coordinate and Sustain Mental Health Programs and Interventions			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Infrastructure for Learning Supports	Improving the infrastructure for learning supports will enable schools to address barriers to teaching and learning. Programs that emphasize the importance of "comprehensive, multifaceted, and integrated system" increase the capacity of schools to meet the needs of students.	School-wide	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://smhp.psych.ucla.edu/			
Professional Development	Capacity building for teachers and school staff to identify and address potential mental health needs of their students and families.	School-wide	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: None			
Student Assistance Programs (SAPs)	Provide focused services to students seeking support or needing interventions for academics, behavior, and attendance often due to deeper concerns related to substance abuse, mental health, or social issues. The overarching goal of SAPs is to remove barriers to education so that a student may achieve academically.	School-wide	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.nasap.org/			

Resource Materials for Children and Youth at Risk for School Failure

5. General Resources			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Safe and Drug Free Schools Program	The Office of Safe and Drug-Free Schools' mission is to create safe schools, respond to crises, drug abuse and violence prevention, ensure the health and well being of students and promote the development of good character and citizenship.	School-wide	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.cde.ca.gov/ls/he/at/safedrugfree.asp			

Resource Materials for
Children and Youth at Risk of Juvenile Justice Involvement

Description of Priority Population

Strategies for this priority population address risk factors for delinquent behavior among children and youth. This means comprehensive, coordinated strengths-based approaches that begin with very young children and continue through adolescence and young adulthood. Cross-system collaboration, with the active involvement of families, may form the basis for all mental health prevention interventions for this population. This includes partnerships among schools, health and social services agencies, law enforcement, probation and other agencies and community-based organizations for youth development.

Many of the suggested strategies involve the entire family, such as family skill building, family therapy, and positive youth development. Positive youth development programs that are aimed at understanding, educating, and engaging children in productive activities should be offered to at-risk children, youth, and their families as early as possible. A number of these recommended strategies apply to more than one PEI priority population.

Funding may target priority communities with characteristics such as:

- High number of children and youth from ethnic and cultural groups underserved
- High poverty
- Low academic achievement, risk of school failure
- High rates of suspensions, expulsions and drop out
- High numbers of children and youth in foster care
- High rates of violence in the community
- High rates of youth involved with the Juvenile Justice system

Suggested Strategies

Prevention strategies and early intervention approaches listed for this priority population largely mirror those targeting the other PEI priority populations:

- Increase awareness about mental health and mental illness, and help seeking behavior
- Teach families, caregivers and educators skills to address behavior problems
- Develop programs to increase self regulation and resiliency
- Screen for mental health and learning problems
- Develop suicide awareness and prevention approaches
- Develop individual and small group therapeutic relationship interventions

Resource Materials for
Children and Youth at Risk of Juvenile Justice Involvement

- Develop school-wide and community-wide approaches to prevent bullying and aggression
- Foster tolerance and understanding of diversity
- Identify problems early and intervene quickly
- Link individuals and families to other needed services/supports specifically in the areas of substance abuse, family violence and basic needs

  An example of this linkage can come through the primary care system. Primary care providers (PCPs) can provide behavioral or emotional health screening and intervention services for children and youth brought to them for routine preventive and wellness care or for emergency treatment, particularly if the PCP determines they may be at-risk for contact with the juvenile justice system. After assessment, the PCP may provide a warm hand-off to a behavioral health specialist, initiating early interventions or referral to specialty mental health services (including substance abuse, anger management, violence prevention, etc.) for the youth and their family.

<u>Potential Funding and Resource Partners</u>

Potential funding and resource partners for this priority population include the following groups:

- Child welfare
- First 5
- Employment Development
- Law enforcement
- Probation
- Parks and Recreation
- Schools (preK-12)
- County Offices of Education
- After school programs
- Client/family member organizations
- Faith-based organizations
- Cultural and ethnic organizations
- Other community-based organizations
- Primary care
- Private foundations
- Businesses

Resource Materials for
Children and Youth at Risk of Juvenile Justice Involvement

EXAMPLES OF STRATEGIES:

1. Prevention of Mental Health Problems			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Across Ages	A mentoring initiative targeting youth 9 to 13 years of age. The goal is to enhance the resiliency of children in order to promote positive development and prevent them from engaging in high-risk behaviors such as substance use, early sexual activity, or violence.	Community, School	☒ C/Y ☐ TAY ☐ Adults ☐ Older Adults
Website: http://www.modelprograms.samhsa.gov/pdfs/model/AcrossAges.pdf			
Adolescent Transitions Program (ATP)	Multilevel, family-centered intervention targeting children who are at risk for problem behavior or substance use. Designed to address the family dynamics of adolescent problem behavior, it is delivered in the middle school setting to parents and their children.	School-based	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.dsgonline.com/mpg2.5//TitleV_MPG_Table_IndRec.asp?id=289			
All Stars	A program designed to delay the onset of and prevent high-risk behaviors in middle school adolescents 11 to 14 years of age through the development of positive personal characteristics in young adolescents.	Community, School	☒ C/Y ☐ TAY ☐ Adults ☐ Older Adults
Website: http://www.modelprograms.samhsa.gov/pdfs/model/AllStars.pdf			

Resource Materials for
Children and Youth at Risk of Juvenile Justice Involvement

1. Prevention of Mental Health Problems			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
American Indian Life Skills Development	A school-based, culturally tailored, suicide-prevention curriculum for American Indian adolescents. Tailored to American Indian norms, values, beliefs, and attitudes, the curriculum is designed to build self-esteem; identify emotions and stress; increase communication and problem-solving skills; and recognize and eliminate self-destructive behavior, including substance abuse.	High School	☐ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.dsgonline.com/mpg2.5//TitleV_MPG_Table_IndRec.asp?id=635			
Effective Black Parenting	A cognitive-behavioral program specifically created for African American parents that seek to foster effective family communication, healthy identity, extended family values, child growth and development, and self-esteem. It addresses child abuse, substance abuse, juvenile delinquency, gang violence, learning disorders, behavior problems, and emotional disturbances.	Schools, Community	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.ciccparenting.org/cicc_EBPdesc_312.asp			

Resource Materials for
Children and Youth at Risk of Juvenile Justice Involvement

1. Prevention of Mental Health Problems			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Gang Resistance is Paramount (GRIP)	An anti-gang program designed to steer children away from gang membership through classroom lessons, counseling and parental training.	Elementary, High School, Community	☒ C/Y ☐ TAY ☐ Adults ☐ Older Adults
Website: http://www.dsgonline.com/mpg2.5//TitleV_MPG_Table_Ind_Rec.asp?id=646			
The Incredible Years	Provides three comprehensive, multifaceted, and developmentally based curricula for parents, teachers, and children. Designed to promote emotional and social competence and to prevent, reduce, and treat aggressive, defiant, oppositional, and impulsive behaviors in young children 2 to 8 years old.	Early Childhood/Elementary	☒ C/Y ☐ TAY ☐ Adults ☐ Older Adults
Website: http://www.modelprograms.samhsa.gov/pdfs/model/IncYears.pdf			
Leadership and Resiliency Program (LRP)	A program for high school students, 14 to 19 years of age, that enhances youths' internal strengths and resiliency while preventing involvement in substance use and violence.	Community-based, High School	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.modelprograms.samhsa.gov/pdfs/model/leadership.pdf			

Resource Materials for
Children and Youth at Risk of Juvenile Justice Involvement

1. Prevention of Mental Health Problems			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Website: http://www.modelprograms.samhsa.gov/pdfs/model/SFA.pdf			
Los Niños Bien Educados	Parents learn how to praise effectively, to confront, to use family conversations, and to employ "time out" procedures. The program is widely used in schools, mental health and social service agencies, churches, and hospitals. It addresses school dropout prevention and drug and child abuse.	Schools, Community	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.ciccparenting.org/LosNinosBienEdDesc.aspx			
Second Step	Second Step is a universal classroom-based intervention designed to reduce impulsive and aggressive behaviors and increase protective factors and social-emotional competence. Organized by grade level, the program teaches children empathy, problem-solving skills, risk assessment, decision-making, and goal-setting skills.	Elementary, Middle School	☒ C/Y ☐ TAY ☐ Adults ☐ Older Adults
Website: http://nrepp.samhsa.gov/programfulldetails.asp?PROGRAM_ID=80 or http://www.dsgonline.com/mpg2.5//TitleV_MPG_Table_Ind_Rec.asp?id=422			

Resource Materials for
Children and Youth at Risk of Juvenile Justice Involvement

2. Early Intervention for Mental Health Problems and Concerns			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Screening	Voluntary screening; referral of children and youth removed from their homes.	Receiving Homes, Foster Placements, Juvenile Hall	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Screening	Identification, voluntary screening, and referral (if indicated) for MH assessment of children and youth whose older siblings are involved in the justice system.	School, Police, Probation	☒ C/Y ☐ TAY ☐ Adults ☐ Older Adults
Aggression Replacement Training (ART)	A multimodal intervention designed to alter the behavior of chronically aggressive youth ages 3 to 18. The curriculum consists of skill streaming, anger control training, and moral reasoning training.	School, Probation	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.fightcrime.org/ca/toolkit/fcikcatoolkit.pdf			
Breaking Cycles	A family-focused, delinquency prevention and intervention program that directs strengths-based, family-centered community resources and programs to "at-risk" youth and their families and improves the juvenile justice and community intervention for juvenile offenders through a system of Graduated Sanctions.	Community	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.sdcounty.ca.gov/probation/jfs/bcaboutus.html			

Resource Materials for
Children and Youth at Risk of Juvenile Justice Involvement

2. Early Intervention for Mental Health Problems and Concerns			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Brief Strategic Family Therapy	A family-based intervention designed to prevent and treat child and adolescent behavior problems. Targets children and adolescents who are displaying or are at risk for developing behavior problems, including substance abuse.	Community	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.modelprograms.samhsa.gov/pdfs/model/Bsft.pdf			
Coping Power Program	Multicomponent preventive intervention for aggressive children that uses the contextual sociocognitive model as its conceptual framework.	School	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
• PRIME Screening tool • Mood Questionnaire	Screening and assessment of transitional-age youth who are in the early onset phase of a serious psychiatric illness. Referral to mental health if necessary.	CCHC, FQHC, NA Health Center, Rural Health Centers	☐ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.dsgonline.com/mpg2.5//TitleV_MPG_Table_IndRec.asp?id=317			

Resource Materials for
Children and Youth at Risk of Juvenile Justice Involvement

2. Early Intervention for Mental Health Problems and Concerns			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Family-to-Family	• Differential Response is an early intervention and response system that targets families that have been referred to CPS but do not receive direct services because the children are not directly at risk of harm. • Family to Family encourages neighborhood-based foster care and views foster parents as partners in the family reunification process. Purpose is to respond to reports of abuse and neglect. Hotline, screening, comprehensive assessment. (MHSA could place a Behavioral health specialist on staff to screen and provide PEI)	Child Welfare – referrals from teachers, and other mandated reporters; Community Engagement Specialist	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.f2f.ca.gov/ or http://www.aecf.org/MajorInitiatives/Family%20to%20Family.aspx			
Functional Family Therapy (FFT)	A family-based prevention and intervention program for dysfunctional youths, ages 11 to 18, that has been applied successfully in a variety of multi-ethnic, multicultural contexts to treat a range of high-risk youths and their families.	Home-based	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.dsgonline.com/mpg2.5//TitleV_MPG_Table_Ind_Rec.asp?id=29			

Resource Materials for
Children and Youth at Risk of Juvenile Justice Involvement

2. Early Intervention for Mental Health Problems and Concerns			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Multi-dimensional Family Therapy	Comprehensive family-based program for substance-abusing adolescents (and their parents) or those at high risk for substance abuse or other problem behaviors. Helps individuals and families develop protective and healing factors.	School, Community, Court	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://modelprograms.samhsa.gov/pdfs/model/multi.pdf			
Multisystemic Therapy (MST)	Multisystemic Therapy (MST) is a family-focused, home-based program that focuses on chronically violent, substance-abusing juvenile offenders at high risk for out-of-home placement, who are 12 to 17 years of age.	Home-based	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.modelprograms.samhsa.gov/pdfs/model/Mst.pdf			
Multi-dimensional Treatment Foster Care (MTFC)	Designed to provide a supervised, therapeutic living environment for youth with chronic delinquency and anti-social behavior. The program is aimed at keeping mentally troubled youth, in supportive home environments and out of residential placements or juvenile justice facilities. Targeted towards youth 11 to 18 years old.		☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.fightcrime.org/ca/toolkit/fcikcatoolkit.pdf			

Resource Materials for
Children and Youth at Risk of Juvenile Justice Involvement

2. Early Intervention for Mental Health Problems and Concerns			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Parent/Child Interactive Therapy (PCIT)	PCIT is an empirically-supported treatment for conduct-disordered young children that place emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns.	Clinic, Community, Home, School	☒ C/Y ☐ TAY ☐ Adults ☐ Older Adults
Website: http://www.fightcrime.org/ca/toolkit/fcikcatoolkit.pdf			
The Parent Project	A parent training program designed specifically for parents of strong-willed or out-of-control adolescent children.	School, Probation	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.parentproject.com/			
Parenting Wisely	A self-administered, interactive, multimedia program that reduces family conflict and child behavior problems by improving parenting skills and enhancing family communication and mutual support, supervision, and discipline. Targets parents with children ages 9 to 18.	Community, Home, Juvenile court, Child welfare	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.modelprograms.samhsa.gov/pdfs/model/ParentWise.pdf			
Strengthening Families Program (SFP)	SFP is an evidence-based family skills training program found to significantly reduce problem behaviors, delinquency, and alcohol and drug abuse in children and to improve social competencies and school performance.	School, Middle School	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.strengtheningfamiliesprogram.org/index.html			

Resource Materials for
Children and Youth at Risk of Juvenile Justice Involvement

2. Early Intervention for Mental Health Problems and Concerns			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Students Targeted With Opportunities for Prevention (STOP)	A program that targets youth aged 10 to 14 years who are not on probation, but who need services according to criteria of main risk factors for delinquency like gang affiliation, substance abuse problems, school issues, and family violence.	School	☒ C/Y ☐ TAY ☐ Adults ☐ Older Adults
Website: http://www.fightcrime.org/ca/toolkit/fcikcatoolkit.pdf			
Truant Recovery Program	Collaborative effort between the school district and all community police jurisdictions within its boundaries. The program is preventive rather than punitive. Its primary task is to return truant students to school as soon as possible.	School	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.dsgonline.com/mpg2.5//TitleV_MPG_Table_IndRec.asp?id=50			

Resource Materials for
Children and Youth at Risk of Juvenile Justice Involvement

3. Linkage and Support in Navigating Service Systems and Other Providers as Needed			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
School Attendance Review Boards (SARBs)	Composed of representatives from various youth-serving agencies, to help students and their parents or guardians solve school attendance and behavior problems through the use of available school and community resources. (MHSA could place a behavioral health specialist on the board)		☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.cde.ca.gov/ls/ai/sb/			

Resource Materials for
Children and Youth at Risk of Juvenile Justice Involvement

4. System Structure and Enhancements to Improve, Coordinate and Sustain Mental Health Programs and Interventions			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Neighborhood Accountability Boards (NAB)	Conducts hearing panels for first time offenders charged with non-violent misdemeanor offenses. Goal is to empower community to hold youth responsible for their actions. Court could link children and youth to programs for screening, early intervention, and referral for assessment and treatment if necessary.	Community	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: None			
Neighborhood Alternative Centers	Provides mandated intake for youth, ages 8-17 (WIC 626.5) who are exhibiting pre-delinquent conduct. Provides brief assessment, crisis intervention and referral. (MHSA could place a behavioral health specialist on staff to link children and youth to programs for screening, early intervention, and referral for assessment if necessary and treatment.	Community	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: None			

Resource Materials for
Children and Youth at Risk of Juvenile Justice Involvement

4. System Structure and Enhancements to Improve, Coordinate and Sustain Mental Health Programs and Interventions			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Peer Courts	Juvenile offender programs where students determine the consequences to be imposed on other young people for low-level criminal conduct. Create linkage to early intervention programs.		☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: None			
Professional Development	Capacity building for teachers and school staff to identify and address potential mental health needs of students and their families.	School-wide	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: None			
Student Assistance Programs (SAPs)	Provide focused services to students seeking support or needing interventions for academics, behavior, and attendance often due to deeper concerns related to substance abuse, mental health, or social issues. The overarching goal of SAPs is to remove barriers to education so that a student may achieve academically.	School-wide	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.nasap.org/			

Resource Materials for Suicide Prevention

Description of Community Need

Suicide prevention increases public awareness of the signs of suicide risk and knowledge about using appropriate actions to prevent suicide. The goal of suicide prevention activities should include improving early identification, early intervention and referral for at-risk suicidal behavior. Suicide prevention is challenging because of the range of risk factors, its wide scope (involving all age groups and priority populations), and the variety of settings in which suicide prevention can be implemented and supported.

Suicide prevention strategies, in combination with other PEI priority population strategies, are designed to be comprehensive in both breadth (coverage across the county) and depth (intensity in priority populations). Counties may choose to implement specific programs and approaches for suicide prevention as well as embed suicide prevention in other PEI programs for specific priority populations. Many of the characteristics of the PEI Priority Populations (trauma exposed, stressed families, school failure etc.) are associated with greater suicide risk, and strategies in these other areas will inherently address suicide prevention.

Suicide prevention also will be addressed a state-administered project. Counties are encouraged to assess their local population and current suicide prevention resources to identify the priority populations to target in their community. In those counties with existing local suicide prevention activities, counties may choose to coordinate their efforts locally and with identified state-administered suicide prevention projects.

Potential Funding and Resource Partners

Potential funding and resource partners for this priority population include the following groups:

- Department of Education
- Ad Council
- Cultural and ethnic organizations
- Schools (K-12)
- Higher education
- Faith-based organizations
- Probation/law enforcement
- Primary health care
- County Mental Health
- Foundations
- Older adult agencies/organizations
- Native American health centers/rancherias
- County Offices of Education
- State-Administered Suicide Prevention Projects

Resource Materials for Suicide Prevention

EXAMPLES OF STRATEGIES:

1. Prevention of Mental Health Problems			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Applied Suicide Intervention Skills Training (ASIST) by Livingworks	Two-day intensive, interactive and practice-dominated course designed to help individuals recognize and review risk, and intervene to prevent the immediate risk of suicide.	Various	☐ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: http://www.livingworks.net/			
Applied Suicide Intervention Skills Training (ASIST) Training for Trainers (T4T)	Minimum five-day course that prepares local resource persons to be trainers of the ASIST workshop.	Various	☐ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: http://www.livingworks.net/			
Question, Persuade, Refer (QPR) Gatekeeper Training	This 60 to 90 minute training is for the general public and teaches participants the warning signs for suicide and the three-step QPR method. It is available in classroom settings, online and via interactive CD.	Various	☐ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: http://www.qprinstitute.com/			
Teen Screen	Voluntary school screening to identify youth who are at-risk for suicide and potentially suffering from mental illness.	Schools, but can be adapted to other settings	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: www.teenscreen.org or http://www.sprc.org/featured_resources/bpr/ebpp_PDF/columbia-teenscreen.pdf			

Resource Materials for Suicide Prevention

1. Prevention of Mental Health Problems			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Signs of Suicide (SOS)	Curriculum that aims to raise awareness of suicide and its related issues with a brief screening for depression and other risk factors associated with suicidal behavior.	School	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: www.mentalhealthscreening.org or http://www.sprc.org/featured_resources/bpr/ebpp_PDF/sos.pdf or http://modelprograms.samhsa.gov/pdfs/promising/sos-signs-of-suicide.pdf			
Lifelines	Curriculum includes information and attitudes about suicide, help seeking, and school resources and discussion of warning signs of suicide.	School	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.sprc.org/featured_resources/bpr/ebpp_PDF/lifelines.pdf			

Resource Materials for Suicide Prevention

2. Early Intervention for Mental Health Problems and Concerns			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Teen Screen	Voluntary school screening to identify youth who are at-risk for suicide and potentially suffering from mental illness. Students who receive a "positive" screen are interviewed by a clinician to determine need for further evaluation and referral.	Schools, but can be adapted to other settings	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: www.teenscreen.org or http://www.sprc.org/featured_resources/bpr/ebpp_PDF/columbia-teenscreen.pdf			
Reconnecting Youth	Curriculum teaches skills to build resiliency with respect to risk factors and to moderate early signs of substance abuse, and depression/aggression. The program incorporates social support and life skills training.	High School	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.sprc.org/featured_resources/bpr/ebpp_PDF/reconnecting_youth.pdf			
Zuni Life Skills Development Curriculum	Curriculum to develop competency in a range of life skills. Tailored to Zuni culture, but the process of cultural adaptation incorporated in the program is transferable to other populations	High School	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.sprc.org/featured_resources/bpr/ebpp_PDF/zuni_life_skills.pdf			
American Indian Life Skills Development	School-based, culturally tailored, suicide-prevention curriculum for American Indian adolescents. The curriculum is designed to build self-esteem; identify emotions and stress; increase communication and problem-solving skills; and recognize and eliminate self-destructive behavior, including substance abuse.	High School	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://guide.helpingamericasyouth.gov/programdetail.cfm?id=635 or http://modelprograms.samhsa.gov/pdfs/effective/american-indian-life-skills-development.pdf			

Resource Materials for Suicide Prevention

2. Early Intervention for Mental Health Problems and Concerns			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
• Beck Depression Inventory • PRIME-MD • Goldberg Depression Questionnaire	To identify depression in the general population: • Voluntary Screening • Early intervention, if appropriate • Behavioral health assessment and referral, if necessary	CCHC, FQHC, NA Health Center, Rural Health Centers.	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Websites: PRIME-MD: **http://bipolar.stanford.edu/pdf/questionnaire.doc** Goldberg Depression: **http://counsellingresource.com/quizzes/goldberg-depression/index.html**			
• PHQ-9 • Cornell Scale for Depression in Dementia • Geriatric Depression Scale	• Screening and assessment for first onset of depression in older adults • Early intervention, if appropriate • Behavioral health assessment and referral, if necessary	CCHC, FQHC, NA Health Center, Rural Health Centers.	☐ C/Y ☐ TAY ☒ Adults ☒ Older Adults
Websites: PHQ-9: **http://www.pfizer.com/pfizer/download/do/phq-9.pdf** Cornell: **www.medqic.org/dcs/ContentServer?cid=1116947564848&pagename=Medqic/MQTools/ToolTemplate&c=MQTools** Geriatric Depression Scale: **http://www.stanford.edu/~yesavage/GDS.html**			

Resource Materials for Suicide Prevention

3. Linkage and Support in Navigating Service Systems and Other Providers as Needed			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Counselor Care (C-Care) and Coping and Support Training (CAST)	Intervention for students at risk for suicide. It combines one-on-one counseling with a series of small-group training sessions.	School	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.sprc.org/featured_resources/bpr/ebpp_PDF/ccare_cast.pdf			
Prevention of Suicide in Primary Care Elderly: Collaborative Trial (PROSPECT)	A specially trained master-level clinician works in close collaboration with a depressed patient's PCP to implement a comprehensive disease management program.	Primary Care	☐ C/Y ☐ TAY ☐ Adults ☒ Older Adults
Website: http://www.sprc.org/featured_resources/bpr/ebpp_PDF/prospect.pdf			
Specialized ER Intervention for Suicidal Adolescent Females	Provides specialized emergency room care for female adolescent suicide attempters and their mothers. Involves ER staff training, information regarding outpatient treatment and a session with a crisis therapist.	Primary Care—ER	☐ C/Y ☒ TAY ☒ Adults ☐ Older Adults
Website: http://www.sprc.org/featured_resources/bpr/ebpp_PDF/spec_emergency_rm.pdf			
Post-suicide attempt: ER follow-up and support	Providing support for suicide attempters and their families after a suicide attempt.	Primary Care—ER	☒ C/Y ☒ TAY ☒ Adults ☐ Older Adults
Website: None			

Resource Materials for Suicide Prevention

3. Linkage and Support in Navigating Service Systems and Other Providers as Needed			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Emergency Department Means Restriction Education	Educates parents of youth at high risk for suicide about limiting access to lethal means for suicide (firearms, medications, alcohol etc). Education takes place in emergency departments.	Primary Care – ER	☒ C/Y ☒ TAY ☒ Adults ☐ Older Adults
Website: http://www.sprc.org/featured_resources/bpr/ebpp_PDF/emer_dept.pdf			
Brief Psychological Intervention After Deliberate Self-Poisoning	Provides four psychotherapy sessions for adults who deliberately poisoned themselves. During each session, therapists assess the risk of suicide and communicate the assessment with the patient's general practitioner. This 60 to 90 minute training is for the general public and teaches participants the warning signs for suicide and the three-step QPR method. It is available in classroom settings, online and via interactive CD.	Primary Care Home-based	☐ C/Y ☐ TAY ☒ Adults ☒ Older Adults
Website: http://www.sprc.org/featured_resources/bpr/ebpp_PDF/psy_intervention.pdf			

Resource Materials for Suicide Prevention

4. System Structure and Enhancements to Improve, Coordinate and Sustain Mental Health Programs and Interventions			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Question, Persuade, Refer (QPR) Gatekeeper Training	Warning signs for suicide and the three-step QPR method. It is available in classroom settings, online and via interactive CD.	Various	☐ C/Y ☐ TAY ☒ Adults ☒ Older Adults
Website: http://www.qprinstitute.com/			
Applied Suicide Intervention Skills Training (ASIST) by Livingworks	Two-day intensive, interactive and practice-dominated course designed to help individuals recognize and review risk, and intervene to prevent the immediate risk of suicide.	Various	☐ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: http://www.livingworks.net/			
Applied Suicide Intervention Skills Training (ASIST) Training for Trainers (T4T)	Minimum five-day course that prepares local resource persons to be trainers of the ASIST workshop.	Various	☐ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: http://www.livingworks.net/			
Professional Development	Capacity building for staff to identify and address potential mental health needs.	Various	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: None			

Resource Materials for Stigma and Discrimination

Description of Community Need

This document suggests various approaches to reduce stigma and discrimination associated with mental illness, including the following:

- Reduce stigma experienced by individuals who have a mental illness, or a social, emotional, or behavioral issue
- Reduce stigma experienced by parents or caregivers of children, youth, and other family members with mental illness, or a social, emotional, or behavioral issue
- Reduce stigma associated with seeking services and supports for mental health issues

Efforts to counter stigma should move toward a positive, "help first" approach reflective of a society that recognizes and honors its responsibility to help individuals with mental health issues.

> Stigmatization of people with mental disorders has persisted throughout history. It is manifested by bias, distrust, stereotyping, fear, embarrassment, and/or avoidance. Stigma leads others to avoid living, socialization or working with, renting to, or employing people with mental disorders, especially severe disorders such as schizophrenia. It reduces access to resources and opportunities and leads to low self esteem, isolation, and hopelessness.
> (US Surgeon General, 1999)

This document also suggests approaches to reducing discrimination against individuals living with mental illness or social/emotional/behavioral disorders. Discrimination occurs when people and societies *act* upon their feelings of rejection and discomfort with mental illness by depriving those associated with it the rights and life opportunities that are afforded to all other people.

Many of the most common manifestations of discrimination are unlawful, including depriving people of housing, employment, and educational opportunities. Many laws specifically prohibit discrimination on the basis of disability, yet discrimination is still highly prevalent. Discrimination reduction strategies demonstrate effectiveness or promise in eliminating discrimination against children and youth living with serious emotional and behavioral disorders and their parents, caregivers, and families, as well as adults living with mental illness and their families.

Research shows better outcomes when interventions are targeted and cater to specific groups (Corrigan, 1995). In particular, adaptation of messages to underserved ethnic, racial, and cultural populations is necessary for successful interventions. Counties are encouraged to develop a targeted approach to reduce stigma and discrimination that

focuses on changing specific discriminatory behaviors of certain groups (e.g., employers, landlords, law enforcement, primary care providers, the media, etc.).

Activities to reduce Stigma and Discrimination will also be addressed through state-administered programs that will complement county level interventions. Counties are encouraged to focus on programs that target specific local issues and to coordinate their interventions with state-administered projects.[1]

Counties may implement programs and approaches to reduce stigma and discrimination, as well as embed stigma and discrimination reduction in all other selected PEI strategies (e.g., trauma exposed, children/youth at risk of school failure, children/youth in stressed families, children/youth at risk of juvenile justice involvement). Also, primary care providers play a key role in reducing stigma and discrimination, because they are a non-traditional setting for mental health services, and for many individuals, provide a more natural environment in which to discuss all health-related concerns, including mental health. This is especially true for cultural and immigrant groups for whom Western concepts around mental illness are foreign and difficult to relate to. Also, many primary care providers have staff who are multi-lingual and culturally competent, which contributes to reducing the stigma and shame of seeking mental health services.

Potential Funding and Resource Partners

Potential funding and resource partners for this strategy include the following groups:

- Non-profit housing developers
- Department of Education
- National Mental Health Awareness Campaign
- Ad Council
- First 5 California
- Cultural and ethnic organizations
- Schools (preK-12)
- Higher education
- Faith-based organizations
- Probation/law enforcement
- Primary care
- Foundations

[1] The State anticipates conducting a social marketing campaign and providing training curricula to counties, with county input. Therefore, counties will not need to develop these activities.

Resource Materials for Stigma and Discrimination

EXAMPLES OF STRATEGIES

1. Education			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
Breaking the Silence	Lessons, games and posters designed to break the silence of mental illness in schools.	Schools	☐ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.btslessonplans.org/			
Teenage Health Teaching Modules (THTM)	Comprehensive school health curriculum for grades 6 to 12. It provides adolescents with the knowledge and skills to act in ways that enhance their immediate and long-term health. The evaluation of THTM concluded that the curriculum produced positive effects on students' health knowledge, attitudes, and self-reported behaviors.	Schools- High school	☐ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.thtm.org/			
NAMI Anti-Stigma Campaign	PSA campaign to reduce stigma and encourage support of people with mental illnesses. The campaign targets 18-25 year olds.	Various	☐ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: www.whatadifference.org			

Resource Materials for Stigma and Discrimination

1. Education			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
The Science of Mental Illness	The National Institute of Health has developed a school based curriculum for grades 6-8 that educates students on mental health. Students gain insight into the biological basis of mental illnesses and how scientific evidence and research can help us understand its causes and lead to treatments and, ultimately, cures.	Junior High School	☒ C/Y ☐ TAY ☐ Adults ☐ Older Adults
Website: http://science-education.nih.gov/customers.nsf/MSMental			
Eliminating Barriers Initiative (EBI)	The EBI was a three-year pilot project launched in 2003 in eight States to provide public education to reduce mental health stigma and discrimination. Rather than target a specific audience, EBI aimed to change mental health attitudes in the overall population.	Various	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: http://allmentalhealth.samhsa.gov/aboutebi.html			
Integrated primary care and mental health services—reduces stigma through providing complete health and wellness services, including education	Multidisciplinary team with behavioral health specialists embedded in services: • Promotion of optimal mental health for everyone; • Universal voluntary screening of all individuals; • Early intervention, if appropriate (support groups, classes, etc.); • Behavioral health assessment and referral • Psychotherapy/counseling for less than one year	CCHC FQHC NA Health Centers, Rural Health Centers	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: **http://www.astho.org/pubs/MentalHealthIntegration.pdf**			

Resource Materials for Stigma and Discrimination

2. Contact			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
National Mental Health Awareness Campaign	A group of transitional age youth who have experienced mental illness and who present at high school assemblies around the country.	Schools High School	☒ C/Y ☒ TAY ☐ Adults ☐ Older Adults
Website: http://www.nostigma.org/			
Stamp Out Stigma	A community advocacy and educational outreach program dedicated to eradicating the stigma associated with mental illness. Stamp Out Stigma is unique in its anti-stigma approach, by creating a forum in which individuals with mental illness share their personal experiences with the community at large.	Various	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: http://www.stampoutstigma.org/			

Resource Materials for Stigma and Discrimination

3. Protest			
EXAMPLES OF STRATEGIES	*DESCRIPTION*	*SETTINGS*	*AGE GROUP*
NAMI Stigma Busters	NAMI Stigma Busters is a network of dedicated advocates across the country and around the world who seek to fight inaccurate and hurtful representations of mental illness.	Various	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: http://www.nami.org/Template.cfm?Section=Fight_Stigma			
The Voice Awards	Program sponsored by the US Department of Health and Human Services to recognize accurate and respectful portrayals of persons with mental illness on television, radio and film.	Various	☒ C/Y ☒ TAY ☒ Adults ☒ Older Adults
Website: http://allmentalhealth.samhsa.gov/voiceawards/			

DRAFT PEI LOGIC MODEL

PLANNING

Planning Process
- Community needs
- Priority populations
- Strategies

Values and Guiding Principles
- Transformational strategies and actions
- Leveraging resources
- Stigma and discrimination reduction
- Recognition of early signs
- Integrated and coordinated systems
- Outcomes and effectiveness
- Optimal point of investment
- User friendly plans
- Non-traditional settings

IMPLEMENTATION (STRATEGIES)

Strategies for Priority Populations
- Reducing the severity of first onset of serious psychiatric illness
- Intervening with children/youth in stressed families
- Reducing psychosocial impact of trauma
- Intervening with children/youth at risk of school failure
- Intervening with children and youth at risk of juvenile justice involvement

Four Elements
- Prevention
- Early intervention
- Assisted linkage to other services
- System/organizational structure & enhancement

General Strategies
- Suicide prevention
- Stigma and discrimination reduction

SHORT-TERM OUTCOMES

Person – Level
- Reduced risk factors
- Improved resilience and protective factors
- Improved mental health status
- Improved emotional health
- Improved knowledge of impact of social and emotional factors

System – Level
- More community organizations providing identification and early intervention (short-term MH services)
- Enhanced quantity and quality of co-operative relationships with other organizations and systems
- More prevention services provided in non traditional settings
- Enhanced mental health promotion environment in partner organizations
- Enhanced use of ethnic/cultural community partners
- Enhanced suicide prevention efforts
- Reduced stigma
- Reduced discrimination

LONG-TERM IMPACT

Community Impact Level
- Reduced incidence of mental disorders
- Reduced levels of 7 negative outcomes:
  - Suicide
  - Incarcerations
  - School failure or dropout
  - Unemployment
  - Prolonged suffering
  - Homelessness
  - Removal of children from their homes
- Reduced stigma
- Increased awareness of importance of social and emotional factors to general health

DRAFT POTENTIAL OUTCOMES OF PEI STRATEGIES

	Individual/Family	Program/System	Long-term Community
Prevention/Early Intervention	*For prevention activities*: • Increased knowledge of social, emotional, and behavioral issues • Increased knowledge of risk and resilience/protective factors *For early intervention (EI) activities:* • Enhanced resilience and protective factors • Reduced (controllable) risk factors • Improved mental health status • Improved parenting knowledge and skills • Enhanced early age attachment • Reduced school drop-out, expulsion, suspensions • Improved school performance • Reduced family stress/discord • Reduced involvement with law enforcement and courts • Reduced violence • Reduced isolation • Increased social support • Increased appropriate help-seeking	*Changes in non MH partner organizations:* • Increase in number of organizations with a formal process for identifying individuals/families with social, emotional, and behavioral issues • Enhanced capacity of organizations to provide prevention programs and EI services • Increase in number of prevention programs and EI activities • Increase in number of organizations providing prevention programs and EI programs *Results:* • Increase in number of individuals and families identified as needing prevention programs and EI services • Increase in number of individuals/families who receive prevention programs and EI services • Increase in the number of individuals/families from underserved populations who receive prevention programs and EI services	• Lower incidence of mental illness • Enhanced wellness and resilience • Reduced stigma • Earlier access to MH services • Reduced suicide

DRAFT POTENTIAL OUTCOMES OF PEI STRATEGIES

	Individual/Family	Program/System	Long-term Community
Linkage to Other Needed Services	• Increase in successful follow-through on linkage/referrals • Satisfaction with linkage/referral process	*Changes in non MH partner organizations*: • Increase in number of organizations with capacity to ensure effective linkage to services • Increase in number and quality of linkage relationships to MH and other critical service organizations, e.g. substance abuse and domestic violence programs *Changes in MH system:* • Development of procedures to improve access for referred individuals and families • Enhanced ethnic/cultural competence in dealing with referrals *Results:* • Increase in number of appropriate referrals to MH system • Increase in proportion of referrals to MH system resulting in receipt of services	• Earlier access to MH treatment and services, as appropriate • Shorter duration of untreated mental illness • Reduced negative consequences of untreated serious mental illness
System Enhancement		• Enhanced mental health promotion environment in partner organizations • Enhanced quantity and quality of cooperative relationships with other organizations and systems • Enhanced partnering with ethnic/cultural organizations	• Reduced stigma • Reduced discrimination

DRAFT STIGMA AND DISCRIMINATION REDUCTION OUTCOMES

	Person/Family	Program/System	LT Community
Education	• Reduced stigmatizing attitudes about mental illness and/or use of services • Increased knowledge of mental illness	*Activities:* • Number of education programs designed specifically to address stigma/discrimination • Number of individuals/families who receive services who participate in education programs *Results:* • Number of people reached	• Reduction in stigmatizing attitudes • Increase in numbers served by MH system • Reduction in discrimination
Contacts	• Reduced stigmatizing attitudes towards people with mental illness • Increased knowledge of mental illness • Increased contact with persons with mental illness	*Activities:* • Number of contacts designed specifically to address stigma/discrimination • Number of individuals/families who receive services who participate in contacts *Results:* • Number of people reached	• Reduction in stigmatizing attitudes • Reduction in discrimination • Reduction in NIMBY
Protest		*Activities:* • Number of protests *Results:* • Changes in policies or procedures or actions	• Reduction in stigmatizing attitudes • Reduced numbers of discriminatory policies and practices